STATE	FNT OF DEFINITION	MNU MUMAN SERVICES & MEDICAID SERVICES	116	3652125642 >> - 	P 4
AND PL	AN OF CORRECTION	OU PROVIDEDRIGON	1000	201 04113	PRINTED: 12/01 FORM APPR
	- 1	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	SIMO IVO, 093A.
Name		44E200	i		(X3) DATE SURVE COMPLETED
I Assess	OF PROVIDER OR SUPPLIER		A WING		
LAUR	Elbrook sanitarium		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	11/20/2013
(X4) ID PREFD	SUMMARYSTATE	MENT OF DEFICIENCIES	- 1-	114 CAMPUS DRIVE DAYTON, TN 37321	
TAG	REGULATORY OF A	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTEYING	ID	Charte	•
	1	IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION
E 000				DEFICIENCY)	LULD BE COMPLET
P 000	INITIAL COMMENTS				
	A recertification		F 000	? [
	A recertification survey investigation #32789 w. November 13 - November 13	and complaint	1	1	Ì
i	November 13 - November 13 - November 13 - November 13 - November 15 - No	per 20, 2013 of	ľ	1	j
ı	related to an entitle in	Deficiencies were clied		}	j
F 176	483,10(n) RESIDENT	Sugauph #32789,	I		j
SS≒D	DRUGS IF DEEMED SA	FLT-ADMINISTER	F 176	F 176 492	į
,			1	F 176 483.10(n) RESIDENT SE	LF- phs/13
- 13	An individual resident mathematical interdisciplinary team §483.20(d)(2)(ii), head on the control in the contro	ly self-administer drugs if		ADMINISTER DRUGS IF DE	EMPEN 1015
1 2	\$483,20(d)(2)(i) has a	as defined by			
} ₹	practice is sere.	summed fust fuls		The Nursing Supervisor completely administration assets	eted a
į	·)	1	self administration assessment on	
17	his REQUIREMENT is i	10t met as auldan	J.*	2001UCUL#30 on 11/20/12 7	ent was
E	Sasad on models	j			
re	Based on medical record eview of facility policy, and illed to assess for self ad-	review, observation,	a	PN #3 was counseled on the prop	per
ia ia	illed to assess for self ad- edication for one rould-	ministration of			
rea	edication for one residen sidents reviewed.	(#56) of thirty-one		Sumares in the second .	
- 1			1	"'V MULUCCH AGGGGGAJI	
th	e findings included:	ļ	for	eir medication. (See attached poli	cy
Re	sident #56 was admitted	4			1
No	vember 11, 2013, with dia ngestive Heart Failure as	to the facility on	re	The DON/Nursing Supervisor viewed all residents receiving	
Pne	ngestive Heart Failure an Eumonia.	d history of Aspiretica	1 - 10	OULLET ITESTMENT C.	1 1
- 1			adr	ninistration of Nebulizer treatmen	[]
Med	lical record review of the	November 2010	by:	staff. There were 3 residents	its
rece	sician's Orders revealed live nebulizer treatments	the resident was to	11000	VIIII Nebulizer troops	
(bro	vive nebulizer treatments nehodilator) every four hi th.	of Albuterol Sulfate	1 m-3	OI VICES Were condimined a	
brea	th,	was for shortness of			
Medi	cal record environ	. 1			ed
the re	ical record review reveals esident had been assess	no documentation	1	TOULIZER I realmout	
•	Ancil 422622	eo tof saif	resid	lents can self administer medication	
oral	WILL TO	REPRESENTATIVE'S SIGNATURE	<u> </u>	 	on n
- Carrie	wellow to	denotes a deliciency which the in		Aline istata	(XII) DATE

deficiency statement ending with an extensit (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that it is not date of survey whether or not a plan of correction is provided. For nursing homes, the andings stated above are disclosable 90 days following the date these documents are made evaluable to the facility. If deficiencies are cled, an approved plan of correction are disclosable 14 ram participation. 12/15/13 1 CMS-2567(02-99) Previous Versions Obsoleto

STATES	MENT OF SECTION	DC0547PM13501 1 AND HUMAN SERVICES E & MEDICAID SERVICES			****	P 5
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	13/1/ PNOMPEOMILE			PRINT	D: 12/05
1	· ·	DENTIFICATION NUMBER:	(XCS) WITH	TIPLE CONSTRUCTION		M APPR O. 0938
1		1	A. BUILD	MG	/X3) O	ATE SURVE
NAME	OF PROVIDER OR SUPPLIER	44E200	ł		, Co	MPLETED
1	AN PROPER OR SUPPLIER		9. WING		- 1	
LAUR	Elbrook sanitarium		T	STREET ADDRESS, CITY, STATE, ZIP COD	1 4-	Mana.
	**************************************		- 1		E	/20/2013
(X4) II PREFE	SUMMARY STAT	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	10	OCAL -		
<u> </u>		DENTI-YING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFIDIENCY)	CTION	
J			_ i .n.e	AND SO HEFERENCES TO THE ONLY	DULD BE	COMPLETA
F 176	YEAR WILLIAM SANCES	9 1		DEFIDIENCY)	NOPRLATE	DATE
1	administration of med	llantin	F 176	i.e. only when the resident has	an	
1			1 '''	Tracyou Assessment on		
ĺ	Observation on Nove	mber 20, 2013, at 8:20 a.m.,	1	The state of the s	. !	•
	revealed the resident	mber 20, 2013, at 8:20 a.m., lying on the bed receiving a	.			
	1 DRD14(90# 4			nursing staff not attending the it on 11/20/13 or 11/21/13 will be	n-service	
	revealed no staff men resident's room.	continued observation bers present in or near the		serviced by a 11/21/13 will be	in-	
l			; 1	TO THE PROPERTY.		
	Review of facility and	_	i 1	TPY VIOUI IIIION HOL-	, i	
İ	Review of facility policy Administration of Mode	Resident Self				
- 1	resident maintains cog administer the medical	Resident Self		Y/ 145 FDarmacy C 1.	. !	
1	administer the medicati	on"				
!	Intonuteur	[. 1	Nursing Supervisor will monitor medication Pass on a random bas north of each licensed.	j	
1,	Interview on November with Licensed Practical	20, 2013, at 8:25 a		nonth of a late on a random bas	is each	
1 %	DO POSICIONAL HALL	THE COLUMN TEXT AND ADDRESS OF THE PERSON OF		nonth of each licensed nurse wor	rking	- 1
1	he resident's room cont not been assessed for s nedications.	med the resident had	J	on a medication cart noting composith medication Administration	in a	- 1
n	nedications.	en administration of	į w	with medication Administration.	uance	- 1
,			Į at	ttached monitoring short \ 7	(See	- 1
117	iterview on November 2 ith the Director of Nursi	0. 2013 at piece -	(4)	ttached monitoring sheet.) Exhibit Beginning 12/30/13 the DON was port the monitoring.	it#2	- 1
į VV.	ith the Director of Nursi vealed the resident was	ng, in the hallown.	re	port the monitoring outcomes of	祖	- 1
i ac	vealed the resident wat Iminister medication	unable to self	lM	edication is	. 1	- 1
i re:	Sident had on bearing a	nd confirmed the			ıe l	- 1
l ad	ministration of	lessed for self	I A	API Committee meeting. The	-	- 1
221 48	3.13(a) RIGHT TO BE I	oriș, Coec ====	,		. 1	- 1
SS=D∤PH	YSICAL RESTRAINTS	TARE FROM	F 224 Out	tcomes at the quarterly Governing dy meeting	g i	- 1
- 1		• • • • • • • • • • • • • • • • • • •	Bo	comes at the quarterly Governing dy meeting.	g , , /	5/13
1106	e resident has the right sical restraints imposed	o be free from	F22	21 492 124 > =	1147	ן טוני
dise	sical restraints imposed	for purposes of	En	21 483.13(a) RIGHT TO BE FR	ימימון	j
trea	ipline or convenience, it the resident's medical	and not required to	P.K.	OM PHYSICAL RESTRAINT	erose (1
1-00	t the resident's medical	symptoms.	11) (On 11/15/13 the DON obtained a	S .	1
1		1:] 1	ſ
This	REQUIREMENT is no	1	restr	aint and completed a new Pre-	Į	- 1
by:	TO THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T	met as evidenced	restr	aint assessministed a new Pre-	1	- 1
Bas	Ari on maritani	;		"" assessment form of the	ır İ	1
revie	w of facility policy, and	nterview the same	π2. bι_	Exhibit # 3	"]	1
S. ACATO	i) Previous Versions Opsolete	The racking	Pleas	se note that the previous consent obtained 5/28/12. Exhibit # 4		- 1

STATEM	FMY OF DEMANDE	DC0547PM13501 ANU HUMAN SERVICES & MEDICAID SERVICES		652125642 >>	PRINT	P 6/67
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION		ED: 12/05 RM APPRO IO. 0938
			A BUILD	NG	(X3) c	ATE SHOW
NAME O	F PROVIDER OR SUPPLIER	44E200	B. WING		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OMPLETED
			D' MILITE		- 1	
LAUKE	LBROOK SANITARIUM		- 1	STREET ADDRESS, CITY, STATE, ZIP CO	1	1/20/2013
(X4) ID PREFIX	SUMMARY STATE		1	·· 40-DM/P	, = E	
PREFIX TAG	(EACH DEFICIENCY A	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL DENTIFYING DED	ID.	DAYTON, TN 37321		
	. CONTORTOR LSC	(UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORE	ECTION	
			1	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE
F 221		2		DEFICIENCY)	ALIGNIE	DATE
j	TRUES to complete	'	F 221	2) 0, 1, 0,		
	consent for restraints	assessment and obtain a for one resident (#9) of six	1	2) On 11/20/13 the DON & N Supervisor checked all	lursino	1
ļ	residents reviewed for residents reviewed.	restraints of thirty-one	Į į	Supervisor checked all resider	ats with]
}						
	The findings included:					
			!	Tall Consents and Dec	WITH	
	Resident #9 was admit January 20, 2009, with Cerebral Vascular Accident	ted to the facility on	į	assessments.	-resugni	
- 10	Cerebrai Magazina Assa	uragnoses including	- 1	On 11/20/13 the DON conduct	nd:	
	Disabilities, Depression Retardation, Appression	Severe Menter				
į		i, and Convulsions.				1
I N	fedical record and		[1	Management and documentation	Kestraint	ĺ
IA	ugust 14, 2013, reveal tached thigh straps de	ed "Brode about	ļ.	provided. Any nursing staff not	n of care	- 1
/ st	GOS SES COMPANY	y useensure think				- 1
al	arm on at all times	ed and securedclip				- 1
ch	air/bed.,,*	remor position in				I
Ma	dical rockers	}	· · ·	-r ** '**OUT IN IOP to #E.:		- 1
Da	edical record review of a ta Set (MDS) dated Oc resident was severaly	a quarterly Minimum	3)	Beginning 12/1/13 the Nursing	ed shift.	- 1
i the	Tes destume	WUCF 3, 2013, ravestari		"P VI VADUI WIII MAAL!		Į
/ a ec	Signa making the state of			THE PRINCE AND A	,	
Can	9 1-3 down a	Week, released	on	sekly and report outcomes to the	e DON	- 1
i Stat	for all Activition - Co.	Committee of the commit	3 _E	a special monitor form for a penonths. Exhibit #5	riod of	. [
nad	no falls sizes the	y with a (ADL'S), had	4)]	Beginning 12/30/13 the DON w	- 1	1
ם עוווי	restraint and chair to p	revent from ricing	ren	ort the outcomes of Restraint	7 ill	- 1
Med	ical record emiliar - au		mo	nitoring at the CAST	1	- 1
Rec	apitulation Orders dates aled "restraint months	e Physician's	mee	nitoring at the QAPI Committee	e	- 1
reve	aled "restraint monito with hip restraints "	ringBroda (8	mor	etings. The Administrator will	report	1
j chair	with hip restraints"	- S (D1008)			ily	1
Medi	cal record review as as		100	erning Body meeting.		1.
cons	cal record review of the ent or restraint assess or thich strees	chart revealed no	İ		. 1	1
chair	or thigh straps.	inguit lot the Broda	1			- [
		ı			!	í

STATER	AT AC ARCIDITION	DC0547PM13501 IAND HUMAN SERVICES & MEDICAID SERVICES	•	3652125642 >>	Pou	P 7/67
AND PLA	NOF CORRECTION	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB N	ED: 12/05/ RM APPRO IO, 0938-0
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		1(X3) D	ATE SURVE
	LBROOK SANITARIUM			STREET ADDRESS, CITY OF	1	1/20/2013
(X4) ID PREFIX	Signature	EMENT OF DEFICIENCIES	- 1	114-CAMPUS DRIVE DAYTON, TN 37321	DE	
TAG	REGULATORY OR LSC	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE	ECTION	
F 221	Continued From page	3	1	CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE PROPRIATE	COMPLETE DATE
- 1	Observation on Nover a.m., in the Activity Ro a Broda chair with thig	nber 13, 2013, at 10:35 om revealed the resident in h straps in place.	F 221			
e n	Review of facility policy revealed "Definition can be said to the case of t	r. Restraint Policy. no date of a restraint losattached to the individual cannot remove sedom of movement or bodyeach resident and		,		i İ
col	mpleted no consent or mpleted for the use of aps as a restraint,	the Broda chair or thigh				
chai	ealed the resident atter r daily.	meted to exit the Broda				
resto	view with CNA #4 on the a.m., in the hall reveal opts to exit the chair aurative aides.	nd walks with two				
rocked recline would	iew with the Assistant N) on November 20, 2 urse's Station, confirm d in the Broda chair and and without the thig exit the chair.	ed the resident id if the chair was not h straps the resident				
Intervie Novem	ow with the Director of ther 15, 2013, at 2:35 Previous Versions Obscious	ente, in the				
.,.		Event t0:11CV11	Facility ID: Th	· .	- 1	1

ISIATES	MENT OF BALLEY	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	•	8652125642 >>		P 8/6
ANDPL	AN OF CORRECTION				PRINT	ED: 12/
1		IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	OMB (NO. 093
NAME	00000	44E200		AVG	(CX3) (DATE CHO
· Welling (OF PROVIDER OR SUPPLIER		8. WING	-	- `	OMPLETE
LAUR	Elbrook sanitarium			STREET ADDRESS, CITY, STATE, ZIP CODE	_ 1	1/20/201
(24) ID	Cinner		<u></u> ,	114 CAMPUS DRIVE		1120
PREFIX	REGULATORICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL		DAYTON, TN 37321	•	
	- CONTORIS	MUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDERS PLAN OF CORRECT	Mari .	
E 004			TAG	ALMOGRACIE ELEMENTER PY THAT OUT	LD BE	COMPLE
F 221		4		DEFICENCY)	PRIATE	DATE
	LOMPIONA D.		F 22	1		
	assessment for the re	" arru complete a restraint	1.	1		1
E 200	SUMPETAGES IN A MA		İ	1		1
58±€	4X4 19/-1 BB1		[1	į	
		C POLICIES	F 226		!	
- 1	The facility except of	[(# 226 483,13(c)	1	12/25/1
			-	DEVELOP/IMPLEMENT/ABU	i Samo ()	, ., .,
	mistreatment, neglect, and misappropriation of	and abuse of residents				
- [o defendability of	resident property.		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-1 00	
ļ						
7	his REQUIREMENT is		1	4 employees who had missing abus	or the	
الم ا	A:	not met as evidenced			e	
fa	lased on review of emp	loyee files, review of	10	On 11/16/13 the Administrator	- 1	
1 611	RACK ING Shows	" THE RECHANGE OF THE PARTY OF	, -	Cutocien the again.	who	j
(e)	ployees for four of six viewed.	employee files	fa	ailed to check the abuse registry per acility policy.	r	j
f	•	- 4 . a map	1	"-"Troy DONGV.	r	- 1
The	e findings included:	1	re	On 11/16/13 the administrative sta	aff	- 1
Rev	VIEW OF the and a	1	[Politiciole for Dersonnal Ci-	ed ∤	- 1
reve	view of six employee file saled the facility had no se registry had been of	es for abuse screening	, ,	" " " " " " " " " " " " " " " " " " "	- 1	- 1
: abu	SR reciety, ball		we	gistry information. No other files ere non-compliant.	- 1	- 1
•		I CAICMAD.	3)	Beginning 12/1/12	- 1	- 1
Revi	ew of facility	1	wil	Beginning 12/1/13 the administrate	or	ĺ
Abus	se, no date revealed *	investigations	for	Il monitor every new employee file abuse registry information. A	1	- 1
findle	ent hiring personswho	have had a	che	ecklist was developed for the	j	
1	wife tilb tift	88 Side recistry *	Adı	ministrative staff to use to ensure a	-	- 1
! Interv	(iow with the same		info	ormation has been obtained.	11 [1
	MAN HAN CANNIA	THE COLOR KINN	Exb	nibit # 6	1	- 1
abuse	med the facility had fall registry for four of six	ed to check the	1	V		- 1
<u>[</u>	and of SIX	employees prior to	}		1	- 1
87(02- 0 0)	Provious Versions Obsolete	Event ID: 110V11	1		1	- 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: FORM APPROVED (X2) MULTIPLE CONSTRUCTION OMB NO. 0938-0391 A. BUILDING_ (X3) DATE SURVEY COMPLETED 44E200 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE Ωl PREFIX COMPLETION DATE TAG DEFICIENCY) 4) Beginning 12/30/13 the Administrator will report the outcomes of Personnel file reviews at the QAPI Committee meetings. The Administrator will then report monitoring outcomes at the quarterly Governing Body meeting tM CMS-2567(02-99) Previous Versions Obsolete Event ID; 4XKZ11 Facility ID: TN7201 If continuation sheet Page 5 a

STATE AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	DC0547PM13501 AND HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDERSUPPLIERCIA		652125642 >>	PRINT	P 9/67 ED: 12/0
	MOM	IDENTIFICATION NUMBER	(V~~) NAUL	TIPLE CONSTRUCTION	OMB	10.0938
	OF PROVIDER OR SUPPLIER	44E200	B. WING		(Aa) C	MATE SURVE OMPLETED
_	ELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP COD 114 CAMPUS DRIVE)E 1	1/20/2013
(X4) £C PREFI) TAG	I SANDER STATE	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL		DAYTON, TN 37321		
		TOTO IN TORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE (BACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP. DEFICIENCY)	CTION	j dens
F 228	Continued From page	5	+	DEFICIENCY)	ROPRIATE	COMPLETE DATE
F 241	483.15(a) Digum		F 228			
SS≈D	INDIVIDUALITY	NU KESPECT OF	F 241	F 241 400 4 -	į	İ
	The facility must prome	ote care for residents in a		F 241 483.15(a) DIGNITY AN RESPECT OF INDIVIDUAL 1) On 11/15/12 4		12/25/13
j	Onnances and	T'''' I THE WALL THE MAIN THE AS				
[full recognition of his or	her individuality.				
- 1			l i	added a section onit	y and	
,	This REQUIREMENT is by: Based on medical and				o are	
	Based on medical recording interview, the facility	d review, observation, failed to promote dignity	ļ (C	of Bowel and Bladder must be	ATTIMENT	j
	CLE CHINA A SELECT	TO THE PROPERTY OF THE PROPERT	0	iccompanied by a family membe NA when transported to another	or or	- 1
re	acility for one resident (# esidents reviewed.	36) of thirty-one]
ı	he findings included:	1	ĮE:	xhibit # 7		
R	Asidant Han	d 4- 42	O	n 11/20/13 the Nursing staff (RN PNs, CNAs) and to	Je ·	-
120	Ama Assista	ACS INCIDATION CAME	in-	serviced by the	vere :	
106	izures, and Muscular Alt	ophy.	DO	ON on the revised	nd ∫	
Me	dical rooms and	f	Lif	e -Dignity. Any staff not attend in-service will not be all attend	ing	
i Skir	ו שפונים ביים אים לו נ	area of potential /	,wo	ck until they have allowed to	,	
bytt	he familie many	If mattress provided	1	*************	-	
(bre	akdown) observed	ert charge nurse if	1	sing Supervisor. Administrator will add to the	- 1	
phys	ician as needed for trea	tment orders, turn				
With	reposition every two hou dressing, bathing, persoulation.	rs, and total assist		"" " LOUDE ING AH T	nily	
	munitali"	the second district	anyt	rips to an out-id	on	
R7/02-00) Provious Varsiona Desolete	1	be co	empleted by 12/1/13. Exhibit # 8	will'	Ī

AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERICLIA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVE COMPLETED COMPLETED (X4) ID STREET ADDRESS, CITY. STATE. ZIP CODE 11/20/2013 TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRINTED: 12/05 FORM APPRO OMB NO. 0938-1 (X2) MULTIPLE CONSTRUCTION A. BUILDING STREET ADDRESS, CITY. STATE. ZIP CODE 11/20/2013 11/20/2013	I STATEM#	All of Approximate	DC0547PM13501 1 AND HUMAN SERVICES 1 MEDICAID SERVICES		652125642 >>		P 10/67
AME OF PROVIDER OR SUPPLER LAUREL BROOK SANITARIUM AMELON BY THE CONSTRUCTION AMELON PROVIDER OR SUPPLER STREET ADDRESS, CITY. STATE 2P CODE THE CAMPUS DRIVE STREET ADDRESS, CITY. STATE 2P CODE THE CAMPUS DRIVE DATTON, TH 37321 SECULATION TO LEGISLATION SHOULD BE PRECEDED BY FLIL RECOLATION TO LEGISLATION SHOULD BE PRECEDED BY FLIL RECOLATION TO LEGISLATION SHOULD BE PREPARED THE PREPARED TO THE THE PREPARED TO THE PREPARED TO THE PREPARED TO THE PREPARED TO THE THE PREPARED TO THE PREPARED TO THE THE PREPARED TO THE THE PREPARED TO THE THE PREPARED TO THE THE PREPARED TO THE THE PREPARED TO THE THE THE THE THE PREPARED TO THE THE THE THE THE PREPARED TO THE THE THE THE THE THE PREPARED TO THE THE THE THE THE PREPARED TO THE THE THE THE THE THE THE PREPARED TO THE THE THE THE THE THE THE THE THE THE	AND PLAN	OF CORRECTION				PRINT	ED: 12mc
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NAME	OF PROVIDER OR SUPPLIER	44E200	B. WING	_ 	- 1 -	OMPLETED
	ELBROOK SANITARIUM				1.	
			- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		1/20/2013
(X4) PREF	SUMMARY STAT	EMENT OF DEFICIENCIES	_	DAYTON, TN 37321		
TAG	REGULATORY OF TO	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID.	33321		
		MUST BE PRECEDED BY FULL DENTEYING INFORMATION)	PREFIX	PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON	
			1	CROSS-REFERENCED TO THE APPRO	DBE	COMPLET
F 24	2 Continued From page	10		DEFICIENCY) APPRO	LUMIE	CATE
	ľ		F 242			
	Interview with the Ass	Islant Director of Nursing on				!
	Station co-	Islant Director of Nursing on at 9:00 a.m., at the Nurse's	[İ		1
	the resident a chains a	The state of the s		1		1
F 250	1483.15(A)(4) DDALUA	The per incase out of the per			i	i
SS≈D	RELATED SOCIAL SE	BYICE MEDICALLY	F 250	7	j	
			, 230	F 250 483.15(g)(1) PROVISION MEDICALLY PEL ATTENDADOR	OT	
	one facility must provid	le medically-related social			OF	12/25/13
	services to attain or ma	intain the highest		- · · · · · · · · · · · · · · · · · · ·	IAL	
j	practicable physical, me well-being of each resid	ental, and psychosocial]:	1) On 11/20/13 the Administrator	- 1	
Ì	D 41 -441 (05/0	lent.	10	counseled the Social Services Director failure to social Services Director	j	
į		ł	Į f	or failure to come!	ctor	
1	This REQUIREMENT.		Į.	for failure to comply with job dutie Resident # 36 and Resident # 50.	s for	
	This REQUIREMENT Is by:	not met as evidenced		On 11/25/13 the Social Services	.	
- 1	Based on manual		a)	Director schedular	- 1	.
	and interview, the facility esident (#36), medically	failed to provide one	n	Pirector scheduled an appointment	for a	• .
10	Oblain a phicialan	CHARGE SOCIAL SOLVICES	fo	ap smear for Resident # 36 on the		1
10	TOVICE & deploy and	Surrestor SUO 19164 W	1	410 William Quate: 17/17/12 1	a l	- 1
j 42	(50), of force special-	TOTAL VITE RESIDENT			-	- 1
S	Prvices of thirty-one residents	Jents reviewed	,	" mg uale: 11/75/12	~	- 1
171	Re findings to the second	······································	14)	Un 11/20 11/22/12 12	j	- 1
	ne findings included:			TACUS DIRECTOR Into	-	1
Re	sident #36 was admitted arch 7, 2011, with diagra	d to the com	~ ~ ~	AGOULT TO TRACTOR	- 1	- 1
M	erch 7, 2011, with diagno ema, Anxiety, Hypertens	Ses including Carry	1	TO SOLVICES. Incre waren	Ĺ	- 1
Se	ema, Anxiety, Hypertens izures, and Muscular Arr	sion, Diabetes Molieus			its	- 1
- 1		abita.	[3)7	The Social Services Disco	1	- 1
Me	dical record review of a lia Set (MDS) dated Sont	Mismala di a di	1 0101		-	i
Da	la Set (MDS) dated Sept	ember 10 2045	mor	nitor residents with		1
rev	ealed the resident was n	10derately impoles	serv	nitor residents who receive request]	[
1191	daily decision making, his ealed pressure works	ad no behaviors no		THE WILL DE MARINE	1	1
for a	ealed pressure ulcers, a all Activities of Dally Livin	nd totally dependent	Dies	finitely by the Social Services	1	
<u>.l</u>	and any and the	9 (ADL's).	l mue	ctor. Exhibit #9	1	1
587(02-6	iθ) Previous Versions Obsoleio		1		1	1
	ANSOIDIO	Event ID: 11CV11	Facility ID: Ti		1	į.

CEV	TERS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES RE & MEDICAID SERVICES		652125642 >>		15/6
STATEM	ENT OF DEFICIENCIES	O(1) PROJECTION			PRINTE	D: 12/0
1070	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OC21 MIN	TIPLE CONSTRUCTION	FUR	(М ДООС
		THE PROPERTY OF THE PROPERTY O	A BULD	ING	OMB N	<u>O. 0938</u>
		44E200			(X3) D/	ATE SURV
NAME C	OF PROVIDER OR SUPPLIER	445200	B. WING		1	112 45151
LAURE	elbrook sanitariub			STREET ADDRESS	44	450 45 5 5
	·		1	STREET ADDRESS, CITY, STATE, ZIP CO	DE	/20/201
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	1	DAYTON, TN 37321		
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		DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AC	ECTION	_
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F 250	Continued From pag	11		OEFICIENCY)	WHATE	DATE
	i		Foso			
	Medical record ravia	w of a Social Worker Note	- 400	4) Beginning 12/30/13 the Soc Services Director	nia I	
	dated June 20, 2013 requested appointment	revealed "		1		
i	requested appointme	ont for Pan emone n		monitoring outcome Will report the	he	
ļ	Ohnon	an aniegr"		monitoring outcomes of Denta	Services	
1	in the resident	mber 13, 2013, at 7:40 a.m.,		or other services requested at the	he OAPT	
}	on the best with it.	mber 13, 2013, at 7;40 a.m., revealed resident #36 lying	i	Committee meetings. The	Z-M1	
- 1	table.	revealed resident #36 lying reakfast tray on the overbed	i	Autum Strator usil	1	
- 1		ļ.	1	outcomes at the quarterly Gove Body meeting	LUTING	
[1	Interview with resident	#36 on November 14,	{	Body meeting.	erning	
1:	2013, at 9:20 a.m., in evenied the resident	the residents	1			
17	evenied the resident	the resident's room ying on the bed with the	1			
	reaktast tray on the o	ying on the bed with the verbed table. Continued	1	· .	1	
1 4	lactor because 'wo	verbed table. Continued and like to see a female	- 1		1	
ie	octor because I have	a lot of trouble with	- 1		i	
ĺ		1	İ		1	•
jin	iterview with the Social	Worker (oun -	ĺ			
I N	ovember 14, 2013, at	Worker (SW) on 2:30 p.m., in the Social	İ		1	
1 97	orker Office, confirme sisted the resident to	d the SW had not	1		1	ı
ia (SWEDDION'S LOVE IN	make an appointment (- 1		ļ	
(CO	DUDAN HAN CANDELLE	WASHING INTERNATION	į		†	- 1
Gy	nfirmed the facility had necologist appointmen	failed to arrange a	1		1	- 1
j	- 4.5-1444901	" ivi the resident.			1	- 1
Rea	u aau 02tt Inabii	· .	- 1	×	İ	- 1
Ser	ential Hypertension b	diagnoses in the	!		j	- [
ESS	ential Hypertension, Fase, Chronic Ischemi	Perioneral Vacanta	1		į	j
UISE UISE	erlipidemia.	C Heart Disease			}	- 1
Typ	erlipidemia.	-10-5096, SING			1	- 1
Obe	ervation of 4		ł		l	İ
2013	ervation of the resider 3, at 2:23 p.m., in the page of the resident had	t on November 18.	i	•	İ	- 1
reve	aled the resident had	esident's room	1		}	ł
teeth		eome missing upper	1		ł	
1		i	- 1		1]
Medi	cal record review of th	© residente	1		- 1	I
	TO THE CARRY CARRY	dated October 2	1		}	ſ
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	***	EVOID ID: 110044	Facility ID: To		1	ı

STATEM	EAT OF SOME	TANU HUMAN SERVICES E & MEDICAID SERVICES		3652125642 >>	1	16/67
AND PLA	un of correction	HALL PROVIDED BURE.	Malann		I UK	D: 12/05 M APPRO
		IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION	- SIMB M	<u>U. 0938.</u> ,
MALAE		44£200			(00) 07	TE SURVE
	F PROVIDER OR SUPPLIER		B. WING		1	
LAURE	LBROOK SANITARIUM		Γ	STREET ADDRESS, CITY, STATE, 21P	11	<u>/20/2</u> 013
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PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	10	DAYTON, TN 37321		
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ļ	COORdinate amme	THE PROPERTY OF			ļ	
j	· · · · · · · · · · · · · · · · · · ·	criss oldered	1	•	1	
	Inforcious aste a c			į	j	
- 1	on November 19, 2010 nursing station confirm	, at 2:32 p.m. at #1	! !		- 1	
- 11	peen scheduled to -	ed the resident had not			1	
1		A real abbolutiveut			-	
	nterview with the Socia Vovember 19, 2013, at	Il Services Directos	1		[
/ S	Of Vices Affen	eray p.m., in the social	}			- 1
í Q	Shial seniors and a	"" DUNDS OF AITARONES	1		1	l
J 10	P SAIDA IIMEA A	AND MEMORITOR TOP TOP TOP TO THE PARTY OF TH	- 1		1	- 1
las	Sasemon	I'M ame of the Marc	ĺ		ļ	- 1
/ be	OD School Jan 4	I'DU I'DE (ASIMAN) had				- 1
200 I AK	3.15(h)(2) HOUSEKE AINTENANCE SERVIC	ABBANIOD696	- 1		1	- 1
	CLANICE SEKAIC	TES /	F 253 F	253 483.15(h)(2) HOUSEKI MAINTENANCE SERVE		1
The	e facility must provide Intenance services per	housekeening and	8	MAINTENANCE SERVICE	EEPING 12.6	5/13
san	intenance services necessitary, orderly, and com	cessary to maintain a	[1)	On 11/18/13 upon hai	ES	\(\' \' \'
	itary, orderly, and com	tortable interior.	of	deficient practice the DON	le aware	1
This	PEOUDE	1	,	anomatch Cleanes et a-	I	1
by:	REQUIREMENT IS I	of met as evidenced	1 00.	TOCHTAILUL VALUE TO POST TO THE	_ 1	- 1
/ Bas		1	1	which the liliers and L		1
revie for#	w of facility assignment to fatiled to maintain an	it, and intended in	cle	an the vinyl footrest of the Br	keeping	1
libar	MARIN MARINE	VANSER CONCENTRALA I				- 1
tailec	to malatala a	eorgen (#36) and	լ On	11/18/13 the DON	a.	- 1
In a s	canitary manner for one cone residents reviews	President (#A)	1 ~		une j	- 1
1	TO TO TO TO THE	d.	7 4	*PMGIII ADG GO:1-1 A	1	1
The fi	indings included:		104.	* 4/4V/ 1.1 the DON:	-:	1
		_	serv	ice with all nursing staff (RNs	an iu-	1
:007(02-99)	Previous Versione Obsolete	Event ID: 11CV11			· ;	1
			Fасліку (Д; Т			

STATELE	ENT OF DEFICIENCIES IN OF CORRECTION	DCU547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT ALBUILDIN	TIPLE CONSTRUCTION	FOR OMB N	P 17/6 D: 12/0: IM APPR O. 0938 ATE SURVE
NAME O	F PROVIDER OR SUPPLIER	44E200	8. WING_		CC	MPLETED
LAURE (X4) ID PREFIX	LBROOK SANITARIUM			STREET ADDRESS, CITY. STATE, ZIP GOD 114 CAMPUS DRIVE DAYTON, TN 37321	E 13	/20/201
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APPL DEFICIENCY)	CTION OULD BE RODRIVE	COMPLET DATE
Inter-Nove	Resident #38 was add March 7, 2011, with di Edema, Anxiety, Hype Seizures, and Musculi Observation on Novem in the resident's room two filters with a heavy side of the concentrato Review of facility Staff I date revealed "every wash with soap and wal with a damp cloth"	mitted to the facility on agnoses including Cerebral procession, Diabetes Mellitus, at Atrophy. The 18, 2013, at 2:46 p.m., revealed a oxygen avy build up of dust and build up of dust on each r. Nurse 3rd Shift Duties, no friday remove filters and ter clean the concentrator on November 18, 2013, at its room, revealed the hedule for the dinterview confirmed the resident #36's oxygen is had a heavy build up cleaned. If to the facility on agnoses including it, intellectual fental Retardation, intellectual fental Retardation, in 18, 2013, at 11:05 revealed the footrest air in the bottom of the ticles, black debris, he vinyl footrest.	e 4 P. cl m	LPNs, CNAs) on the facility per cleaning patient care equipment furniture. All nursing staff not the above in-service will be into the above in-service will be into the above in-service will be into the above in-service will be into the above in-service will be into the property of the property of the property of the property of the administrator/DON will rounds weekly to monitor O2 concentrators and furniture for cleanliness. Documentation of no will be done and outcomes report ach QAPI meeting. Beginning 12/30/13 the DON eport the monitoring outcomes of attent care equipment and furniture earliness at the QAPI Committee eetings. The Administrator will onitoring outcomes at the quarter overning Body meeting.	olicy for at and attending serviced isor on g soiled rk. I make ounds ted at will f are	

CENT	ERS FOR MEDICARI	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	_	652125642 >>	P 18/
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:	(PC2) MULT	TIPLE CONICYONAL	PRINTED: 12/0 FORM APPE OMB NO. 0938
1			A BURDI	NG	CX3) DATE SUCL
NAMEO	PROVIDER OR SUPPLIER	44E200	B, WING		COMPLETE
1	LBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE	11/20/201

(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTEVING		DAYTON, TN 37321	
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION	<u> </u>
·			TAG	CROSS-REFERENCED TO THE APPORT	BE COMPLE
F 253	(· · · · · · · · · · · · · · · · · ·	n 14		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MATE DAT
	PESIDANT'S MARK ALLS		F 253	· · · · · · · · · · · · · · · · · · ·	
į	"lithy." Continued int	erview confirmed the facility			-
	SBNitary manner	A to resident's tootrest in a		{	{
F 280	482 20/41/21 444		i		ļ
- 1	- William	MAG CARE-REVISE CP	F 280	F280 483.20(d)(3), 483.10(k)(2)	.
- 1	The recident has at a				12/25/1
[]	incompetent or otherw incapacitated under the	ise found to be	1	PLANNING CARE-REVISE CP	
- 11	Darticipale in plansis	a laws of the State, to	ľ.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1
	participate in planning changes in care and tr	care and treatment or	-	1) Upon being made	
			I -	TOTAL DIRECTION OF CASE.	
โท	dithin 7 days after the comprehensive assessed	plan must be developed	ļ	care plan for Resident # 31, the MD	a
10	City of the bosons and	ייייייייייייייייייייייייייייייייייייי			S
ומו	Wician a malata	" " " " " " " " " " " " " " " " " " "	j1	1/20/13 to reflect the interventions	n
/ 10	Title regident and are	THE PROPERTY OF THE PROPERTY O	,	THE WILL ISSUE OF NAMES OF	
di	Sciolines of dolor	Si anhunbusie sisti in			
: the	Resident the sector	The Participation of	by	y the MDS Coordinator on 11/20/13	ed
i led	A representative	o regulation of the regidents (to
l an	d revised by a team of the assessment.	drayiged betable etc.			
	-11 ወ ቃይያያጠፅክ <u>ር</u>	- Langain Cital			ادا
J		1	by	the MDS Coordinator on 11/20/13 to	4
1					"
This	REQUIREMENT is I	10t mai no auti			
by:		The as evidenced		PAGE TO LEGIS AND AND AND AND AND AND AND AND AND AND	
polic	ied on medical record by, review of facility inv view, the facility follow	review, review of facility			,
inter	VIEW the facility tour	estigation, and		·· vague noss	
care	plan after a fall for on	e resident (#31) falls	eval	11/21/13 the Director of Nursing	1
Spee	ch therapy for any	onect the physical and	1 - 14	TOTAL THE DECICE OF THE ATT	
upda	ich therapy for one res te the care plan to refl	ident (#53), falled to			
1	- h 10 (0)	en ale discoutiunation			1 .
×2567(02-BE) Previous Versions Obsolete	Event ID: 11CV11	1,0418	sed by the DON to ensure timely	! !

STATES		DC0547PM13501 1 ANU HUMAN SERVICES 8 MEDICAID SERVICES		652125642 >>	F	19/6
AND PLAN	NT OF DEFICIENCIES VOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			PRINT	ED: 12m
		IDENTIFICATION NUMBER:	(XX) WITH	LTIPLE CONSTRUCTION		
	j		A. BUILD	MOLEGON	2010	<u>IU.</u> 0938
NAME OF	PROVIDER OR SUPPLIER	44E200	ļ		(X3) 0	ATE SURV
LAURE	BD60K-		B. WING	·	j	
. 10/1	BROOK SANITARIUM		- 1	STREET ADDRESS, CITY, STATE, ZIP C	1	1/20/201
(X4) ID PREFIX	SUMMARYSTAT	MENT OF DEFICIENCIES	- 1	114 CAMPUS DRIVE	ODE	20/201
TAG	REGULATORY	MENT OF DEFICIENCIES AUST BE PRECEDED BY FULL	ID ID	DAYTON, TN 37321		
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Ecca	The second name of the second na		TAG	CROSS-REFERENCED ACTION	SHOULD BE	COMPLET
- 280 j	Continued From page	15	1	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	CATE
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1.0	Joneto the	マッツ しかみなし おほり もっぴんきょ	1	completion and updates to completion and updates to complete to complete the complete to complete the complete to complete the complete to complete the complete to complete the complete to complete the complete to complete the complete to complete the		
jè	esident (#E41) At IL.	lent (#36), and failed to reflect weight loss for one one residents to de-	}	2) Beginning 11/25/13 the D	are plans.	
,		one residents reviewed.	ļ	MDS Coordington	ON and	
ļī	he findings included:			MDS Coordinator reviewed of all other residents to	care plans	
۾ ا	Oridont dos	j		of all other residents to ensur	e care plans	
M	esident #31 was admi erch 1, 2011, with dias	tted to the facility and	i	11/29/13. "Was comp	leted on	
, ,		ri revea mikilistina Amus	1:	3) Beginning 12/1/2	- 1	
j Va	iscular Accident, and t	Depression, Cerebral	11	3) Beginning 12/1/2013 the Dreview five (5) care plan	ON win	
			Ja	review five (5) care plans per a accuracy and timeliness real	month for	
Dai	ta Set (MDS)	the quarterly Minimum	119	accuracy and timeliness. If the stellinguent, discipline	Care Plan	
			1	s delinquent, disciplinary action mplemented.	D mand	
			140	mplemented.	may be	j
			77	Beginning 12/30/13 the DON	T '22	- 1
104/19	OCA10	170 (7 M/H/H/H) 1 ma	1.0	port the outcomes of Care Pla	MIII i	- 1
						- 1
chair	g (ADL's), and used a to prevent from rising	work restraint and a	Inc	eetings. The Administrator wi onitoring outcomes at the course	uce	- 1
Revie	Militadia Salam	·	I mo	onitoring outcomes at the quar	II report	
16, 2	of a facility investign 013, revealed "fesid steps taken to preven	ation dated November	100	verning Body meeting.	COLIN	
floor	.steps taken to prever to chair when up"	ent observed in	1	•	1	1
aiam	to chair when up"	it recurrence: chair			1	- 1
Medic	21 enemal	1	- 1		1	- 1
no new	al record review of the v intervention to addre ne wheelchair.	Care Plan revealed	1		1	1
from th	e wheelchair.	ss the resident's fall	}		1	
1			}			- 1
DO dote	of facility policy, Fall revealed "Identify s	Safety & Proposition			1	- 1
fall prev	revealed "Identify s rention in the care pla	pecific strategies for	1			-
		7784			1	- 1
Observa	ation on November 13 the Activity Room reve	2012	1		1	- 1
a.m., in i	the Activity Room reve a wheelchair with a s	saled the roots	1	•	1	- 1
a chair o	a wheelchair with a s larm in place.	eatbelt in place on	1		1	- 1
702-001 0	vious Versions Obsolete	France SING			1	1
	vicus Versiona Obsolcio	Event ID: 11GV11			į	1
			Focatio (D: TN7		1	

STATE	ERS FOR MEDICAR	DC0547PM13501 HAND HUMAN SERVICES E & MEDICAID SERVICES		652125642 >>		P 20/67
AND PLA	ENT OF DEFICIENCIES NOF CORRECTION	MIL PROJECT			PRINT	ED: 12/05
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		NUMBER:	IAX) MUL	TIPLE CONSTRUCTION	- OMB	VO. 0938.
		j	V BUILD	NG	CKS) C	ATE SURVE
NAME OF	PROVIDER OR SUPPLIER	44E200			م'"ا	OMPLETED
	THER DR SUPPLIER		B. WING		1	
LAURE	LBROOK SANITARIUM			STREET		
			- 1	STREET ADDRESS, CITY, STATE, ZIP C	1	1/20/2013
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- i		and the same of th	7/10	TOO THE FERENCES TO THE	SHOULD BE	COMPLETIO
F 280	Continued From page		†	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
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. i	Intendeuman -		F 280	i		
- 1	November 12 the Dire	octor of Nursing (DON) on	ł	1	i	ļ
f_i	Station 2013, 6	ector of Nursing (DON) on it 1:08 p.m., at the Nurse's facility had follows.	Į I		į	
12	confirmed the	it 1:08 p.m., at the Nurse's facility had falled to update fall on November 1			j	
- 1'	we care plan after the	facility had falled to update fall on November 16, 2013.	! 		,	
1 2	Donlar - 1 11-	76, 2013.	1		ł	
	THE STORAGE		1			
13	2013, with diagnoses lemorrhage, Chronic F	itted to the facility on July	- 1		- 1	
	MIIIO7719aa AL		}		1	
ļ H	yperiension, Anxiety,	and Ashasis	ł		- 1	
1	unings,	-inchusta.	1		1	
10	edical record review o	f the quarterly Minimum	- 1			į.
יט	ata Set (MDS) dated C vealed the resident re-	oto dusition Minimum	- 1		1	}
115	VIDAMO TANA SAATA		ł		- 1	.]
100	T), and Speech Thera	my Physical Therapy			1	
			1		1	- 1
IVIE	cical record review of	the Care Plan dated July	ł		- 1	1
11,	2013, revealed physic treat and no focus, p	al there Plan dated July	j		1	- 1
En C	reat and no focus, o	cal therapy to evaluate pal, and/or interventions	1		ł	- 1
TOP	speech therapy.	our and/or interventions	- 1		i	ł
			- 1		j	
Med	ucal record review of a	Physics	- 1		ł	- 1
Orde	er dated August 8, 20	Physician's Telephone	j		J	- 1
. ~.	INCHINOS MONORAL TRAIN	iont) to lead ", p	ĺ		!	- 1
4°3 x	(times) week"	Tq yd be seen by PT	- 1		ĺ	- 1
			1		Į	j
Medi	cal record review of th	25-22 1	1		1	ļ
Patho	cal record review of th plogy Evaluation and T mber 23, 2013, reven	Speech-Language	- 1		l	- 1
Septe	mber 23, 2013, reveals"	lod " Or Plan daled			1	- 1
9/23/1	13*	Start date	l		i	- 1
1		f	ļ		ļ	- 1
Obser	Vation on Navanta	la ==	1		1	}
a.m., i	Vation on November 1 n the front lobby reves	3, 2013, at 10:30	1		1	i
i akta et	PINCH MAKELINE	HOW KIND TESTOTORIAN			í	- 1
transp	Kited the building with ort per wheelchair to the	the resident and			1	- 1
next do	ort per wheelchair to to	herapy in the house	1		1	1
		10058	i		}	
Intervia	itt talific to	ĺ	1		}	- 1
Novem	w with the Physical Ti ber 14, 2019, at 1:00 p	terapist on	- 1	•	1	
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	revious Varsions Obsolete	74Ma. (A the	ı		,	,

I VIN ENDE	MY OF AFTER	DC0547PM13501 TAND HUMAN SERVICES & MEDICAID SERVICES				P 21/6
AND PLA	NT OF DEFICIENCIES N OF CORRECTION	TOO PRUMPEDAMENTE			PRINT	ED: 12/0
l		IDENTIFICATION NUMBER:	(X2) MUII	TIPLE CONSTRUCTION		
l		I THE PERSON NAMED ENGINEERS	A. BIR D	THE CONSTRUCTION	- A (SIT) 1/	<u>ry.</u> 0938.
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NAME O	PROVIDER OR SUPPLIER	44E200	B. WING		1 0	DMPLETED
LAMBE	I Amazon		2, 40 1140		- 1	
	Lørook sanitarium		- 1	STREET ADDRESS, CITY, STATE, ZIP CO	_ 4	(mores
(X4) ID			- 1	114 CAMPUS DRIVE	DOE	1/20/2013
PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
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	1	DENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION OF		
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F 280	Continued #			CROSS-REFERENCED TO THE AF DEFICIENCY)	PROPRIATE	COMPLET
	Continued From page	17	1			PATE
ļ	TOWN THE PROPERTY OF THE PROPE	Paled the resident received	F 280	1		
- 1.	physical therapy in a it facility and received si	ouse next door to the	!	1		
- 11	hospital	peech therapy at a stated	j	}		
J.	imphilai,	ar a stated	1	1	Ĩ	
1.	nhanda	ı	!		j	
- 13	Voyon by With the Dire	ctor of Nursing (DON) on				
12	The and 15, 2013, a	Stor of Nursing (DON) on 1:10 p.m., in the DON's	ŀ	•	j	
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الم ا	peach therapy.	hysical thorange revised or	- 1		- 1	
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l p	Peldon voe	1	-		ĺ	
BA:	esident #36 was admit arch 7, 2011, with diac	ited to the facility.	- 1		ļ	
je.	iema Con With diag	ited to the facility on moses including Cerebral	- 1		;	
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Me	dical rooped	1	- 1		1	- 1
Au	edical record review of gust 14, 2013, reveale lered with Prozac (anti	the Care Plan dated	1		!	. 1
			İ		;	- 1
595	SIDITS WORLD \	d "medicale as depressant)counseling	1		İ	- 1
COU	ferencing)"	(Video	1]	- 1
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Med	lical record review of the spirituation orders date	ho Street	- 1	•	1	f
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i reve	aled " Days 7. This	U IVQV@mber 2042	-		}	j
r carinis	ULDWO) ,	essami in ma	1		1	j
(psyc	stains) every other da shiatric) to eval (evalua	y aria psych			1	ſ
1,	*	mon) and treat"	1		1	İ
I NILETY	MANUS teriffic 6L . A	l l	}		İ	1
10, 21	1:20 p.m., in the DON tre plan had not been	rdinator on November	ľ		ĺ	j
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A SISTER	of the discontinuation of the discontinuation	of the Brand	}		ļ	- 1
A.aeki)	counseling visits.	A AIR LIOSEC BUG	1		[1
		1			1	- 1
Santa	ont #51 was admitted to ober 21, 2013, with di-	D the feeling	1	•	1	ļ
Alonk	nber 21, 2013, with dis lic Cirrhosis of Liver, A	1000ses instant	- }		i	- 1
	lic Cirrhosis of Liver, A	Wemb and A	1		ŧ	- 1
ī	i ang m	and Assiles,	- 1		1	1
Modle	l Primaria - 1		- I		į	ì
	acord review of the	Sire nion determine	ı		ı	
October	record review of the (3, 2013, revealed "	Pare plan dated			1	-

-	ENTO FOR MEDICAR	DC0547PM13501 1 AND HUMAN SERVICE	2S		52125642 >>		P 22/67
ANDE	INT OF DEFICIENCIES	AND HUMAN SERVICE	S		•	PRIM	SD: 45/65
ואטרו עויייין	VOF CORRECTION				PARAMETER 1	FO	ED; 12/05/
		IDENTIFICATION NUMBER), J 1744	2) MULTII	PLE CONSTRUCTION		
			" AE	BUILDING	S AND LIND CALLED	2//10/1	O. 0938-0
Alaker		44E200	- 1	.,_		(X3) D	ATE SURVEY
ANTAIC OF	PROVIDER OR SUPPLIER	**************************************	ј е . и	VING		1 4	OMPLETED
		···				ı	
- IAIT	lbrook sanitarium			1 8	TREET ADDRESS, CITY, STATE, ZIP CO	1 11	1/20/2013
				1 1	14 CAMPUS DRIVE	DE	
(Xd) ID PREFIX	SUMMARYSTAT	EMENT OF OFFICIENCIES		₽	AYTON, TN 37328		
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		- un anabolical)	77	AG	(EACH CORRECTIVE ACTION SHORE) CROSS-REFERENCED TO THE AR	ECTION	/www
	-		/	1	ONUSS REFERENCED TO THE	PROPERTY.	COMPLETION
F 280	Continued From page	-		-	DEFICIENCY)	THUPRIATE	DATE
- 1	MO (Modern o	7.1φ	_			· · · · · · · · · · · · · · · · · · ·	Ī
ſ	function Doctor)	has ordered regular diet.	F	280		-	
j	Modern -	LeRoigi GIE!"	a" [- 1			•
	Madical Lecold LenieM	of the Nutrition/Dietary	- 1	- 1		i	
[1]	vote dated October 20	of the Mutrition/Dietary 3, 2013, revealed "regul (by mouth) inteles	1	ļ		ſ	
- 19	liet, with fair-good po ndependent with eatin	(by mouth) integul	lar (- 1		ĺ	
- 11	DOEDARRIANI wall and	. A A ROLL II HISKO.	- 1	- 1		- 1	
18	ecan Ensure at suna	(by mouth) Intake. 9. Resident has a butter	}	į		- 1	;
7.9	113-200# (norman, 2)	(wei840) 5013;	1	- 1		Į	
in	reference of a first	" IO-170#BMI (Basai	1	ſ		1	
! 0	Verwoinht Circle			- 1		ļ	}
fi	verweightSignificant	wt loss; related to s: NAS (no added sait) to	İ	1		- 1	- 1
1	iront alak	S: NAS (no added and)		- 1		}	ł
1	eur aiet oldel"".	And medica selit (C	•	- 1		}	J
l Ra	odina		1	- [1	- 1
IV	edical record review of port dated October 20:	the dally most see .	1	1		{	- 1
re	port dated October 20	the dally meal intake 13 revealed the resident's 1 100%	1	1		j	- 1
av	erage intake was 75 k	1000 TO TOSIGONES		ļ		ł	1
				ł		!	- 1
Ob	servation on Novemb	er 20, 2013, at 7:30 a.m.,	1	ſ		1	1
rev	ealed the resident sea ing breakfast of caree	led is 2013, at 7:30 a.m.	1	1		ļ	[
eat	ing breakfast of cereal	a wheelchair	1	1		ļ	- 1
- 1		· Wast, itvit, and mile	1	- 1		1	
: inte	Niew with the miss.		I	f		1	ł
Nov	rview with the Director	of Nursing on	1	1		- 1	- 1
con	ember 19, 2013, at 2:	10 p.m., in the of the care plan had not		1		ı	1
hoo	The state of the s	TO THE CARE DISTRIBUTE LAND		1		• }	
81 /00	updated to include the 20(k)(3)(i) SERVICES FESSIONAL STANDA	e weight lose		1)	- 1
-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D	eu(K)(3)(I) SERVICES	PROVIDED ME		l.		1	1
יין יירעט	FESSIONAL STANDA	IRDS	F 281	F281	483.20(k)(3)(l) SERVICES	ĺ	. J
				PPA	VIDES SERVICES	111.	sli3
The s	ervices provided or a meet professional sta	Proposed 4	Į.	i vo	ATORD WEEL	. 11012	ן כיו
must	meet professional sta	on 1980 by the facility	1	PRO	FESSIONAL STANDARDS	_	- 1
į	Signatural Signatura Signatural Signatura Sig	invaros of quality.	- 1	Recta	lent #18	\$	j
Į.				**COTO	ietti 478	í	ŀ
This 6	REOURDENS .	. I	1	I) Up	on being made aware of LPN		ı
bv:	REQUIREMENT Is no	t met as evidenced	- 1.	defici	ent practice of LPN	#2's	j
Bana	N an made		1		our highlice of admining	1	ſ
- Daye	d on medical record reterview, the facility follows	View observation	' ''	mem	FOIOI medication with and	-1	ł
ario in	terview, the facility fall	ed to follows	11	the no	lse prior to administrating, the	cking	ĺ
physic	ian's order to check the	A miles before),	₄ -4.	paron to administrating, the	e l	- 1
	Affor administration	h-use D61010] 1		Councated LPN # 2 on 4h		1
i wearcs	anais Orillilisissiuud ev	7 ABA 844-1-1					
1	The second state of the second state of the second	r one resident (#18)	l c	correct	policy "Admi-	1	ſ
1	Provious Versions Observe	r one resident (#18)	10	correct	policy "Administering ations" emphasizing the		

STATELU	CAST OF BUTTON	DC0547PM13501 I AND HUMAN SERVICES & MEDICAID SERVICES		652125642 >>	Dbu-	P 23/6
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION				ראנאדן	ED: 12/0
		IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION		RM APPR 10. 0938
	•		A. BUILDI	NG	(X3) n	ATE SURV
NAME A	F PROVIDER OR SUPPLIER	44E200			/ C	ONBITE!EC
			B. WING		- }	
LAURE	LBROOK SANITARIUM		T	STREET ADDRESS, CITY, STATE, ZIP CODE	1 4.	1/20/201
		-	- 1			
(X4) ID PREFIX	SUMMARY STATE	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LE	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL JOENTIFYING INFORMATION)	1 10	Sport marries		
	I THESE	WENT IFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORRECT	TION	
			ING	CHOSSIREFERENCED TO THE SHOUL	AD BE	COMPLET
F 261	Continued From page		-	DEFICIENCY)	UPRIATE	DATE
ļ	SDO TSHOM IN ALLEL		-			<u>i </u>
ļ	for resident (MES) -	order for a left hand splint	F 281	importance of checking the puls	e prior	
- 1	•	WANTED STUDING LOUIS LONG CO.		1	_	[
j	The findings included:]		talve	1
				The DON will observe LPN # 2	/20/13.	
13	Resident #18 was adm September 1, 2011, u.e.	itled to the same]]	randomly on a	-	
1:	September 1, 2011, will Hypertension, Cardiova	in disonoses is a line		randomly on a quarterly basis un	til no	
1;	Hypertension, Cardiova Diabetes Mellitus	Scriet Disease ver		TOTAL ME HOLOU, I his man L.	On	
, ,	Diabetes Mellitus.			1, 1J,		
1	Aedical research	•		The Pharmacy Consultant will assumedication observation		
Î	Aedical record review of Recapitulation Orders of	f the Physician's]]	medication observation for LPN #	sist in	
i re	evealed " Motorest	Bied November 2013			[‡] 2 and ∫	
i m	Q (millioreme)	ac latusserd 00000 neuri			- 1	
tir	nes a dayhold for pu	tablet by mouth two	1 ~	~64444 (Z/3/13 ·	1	
ì	Put	20 1622 Wav 90 " "	[2	9 On 12/1/13 to 12/15/19	.	
M	edical record review of Iministration Record ()	a Medicotion			N OT	
20	Iministration Record (N 13 revealed "Metopn	IAR) dated November	, ,	Vacayed Licensed		- 1
COTE	35511841 OC	THE STREET STREET	m	redications on the	1	ł
mo	essure) 25 mg (milligra with two times a dayh	ms) give one tablet h	Ar	nedications on the above dates to	ļ	- 1
60.	with two times a dayh	old for pulse less than	1 ~	abute a puise was chooled a	tha	· 1
•		1				- 1
Obs	servation on November	10 0045	1	~~/ +> IUC FASTman. A.		1
in th	ne resident's room rave	18, 2013, at 3:50 p.m., aled Licensed Practical	1	Travel all licensed etake	t~	- 1
1 (404)	SE (LMN) #9 each late.	TOTAL PROPERTY	Me	ed Pass Procedures"	r [- 1
WILL	out checking the pulse	metuprotol 25 mg	3)	Medication a	- 1	1
			1 27	Medication Pass will be observed	hu	- 1
4.00	view with LPN #2 on N P.M., in the dining root	Ovember 18 ones			/20 J	1
had 4	p.m., in the dining root alled to follow physicia	n confirmed that an				1
the	ialled to follow physicia ulse prior to administra	n's orders to check	stat	te laws are observed. The Pharma	- 1	1
j - ~ p	ulse prior to administra	tion of the Metoprolat	con	Sultant will	cy	{
/ Kesid	lent #53 was every			- WALLE WILL HESIST IN X V - 3 W	1	- 1
1000	lent #53 was admitted 13, with diagnoses incl	to the facility on July	, 0031	CIVALLOUS OF RNG & T DAT		- 1
J 3, 201	Whate Charles	roing intractaniai	acm	unistering medications 141	-	- 1
Hemo		C27067 CAD	facil	lity have the	į.	ı
Hemo	tension, Anylety	Cory railure,	[laci	usy deginning 19/2/14		į
Hemo	and burnery, suite b	ypnasia,	laci	lity beginning 12/3/13.		
Hemo Hyper Medica	tension, Anxiety, and A al record review of a R Previous Versions Obsciole	ypnasia,	laci	ncy beginning 12/3/13.		

	ENT OF DEFICIENCIES N OF CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES			DOINTE	24/67
					LLANA 1 FC): 15/Acr
NAME OF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION		
NAME OF		, and the second	A BUILD!	NG CONSTRUCTION	- 2000 MC	0938_0
		44E200	- 1	****	(X3) DAT	E SURVEY
	PROVIDER OR SUPPLIER		8. WING_		1	#-CE160
LAURE	LBROOK SANITARIUM			STREET ADDRESS	1	
			- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE	71/2	20/2013
(X4) ID PREFIX	SUMMARYSTAT	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	עו נ			
		DERTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO	TION 7	-
			IAG	ALL ADDITION OF THE PARTY OF TH	ATD SE	COMPLETIO
F 281	TTIMINGU FINDS BAGA	20		FROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD TO THE APPRICIENCY)	OPRIATE	DATE
- 1	INDEED BUDY OF AND		Fac.	The DAY		
ļ	Therapy) range	13, revealed PT (Physical	F 281	medication	itor	-
- 1	Therapy) recommends extension/handortho	SiL (left) wrist				
i	and the state of the	JAO!**	Į j			
1!	Medical record review (Recapitulation Orders	of the Ohier -	1 1	correctly. This was begun on 12 and will continue mouth.	ustered	
]	Recapitulation Orders (evealed no order for the	tialed Mayor]	and will continue monthly on a rebasis until compliance has been	V1/13	
} 「	evealed no order for the	le left hand - 15013	! !	basis until complimentally on a re	andom	
-)heenmu	- Shiur Shiur	ſ	achieved Tas been		
ء ا	Observation on Noveming, in the resident's re	ber 13, 2013, at 44.00	14	Beginning 12/2		- 1
โก้	ing on the resident's ro	ber 13, 2013, at 11;30 nom revealed the resident	1.	Beginning 12/30/13 the DON	will .	I
		""" YE WIT HIT BANK				- 1
, ,,,,		1	j~-	"VIIIUIUIUI AIT TA A N	}	- [
113	, 2013, at 11:35 a.m., vealed the Restorative	8 Alde #1 on November]
) 1 E	VM2ION HAA D.	··· ··· ·· · · · · · · · · · · · · · ·	l m	ionitoring outcome	report	1
			la	conitoring outcomes at the quarter	rly (- 1
Ce	rtified Nurse Assistant int at night.	(CNA) somethe		overning Body meeting. esident 53	1	- 1
opi	int at hight.	Trivial amoved the	[44	estaeut 23	}	- 1
Inte	Wiew with the are			Upon being made aware that Res	.,	- 1
7:00	prview with the PT on N D p.m., In the conferen- dent received physical	lovember 14, 2013	}# 5	33 did not have a physician order Left wrist splint the Boys	sident	- 1
	CIRCLY POACHALL I		the	Left wrist splint the DON	for	- 1
1 / Nex X 3	[(I)()() + (A) (A) (A) (A) (A) (A)	ALLOND IN TO DOLLAR	im	mediately called the doctor and worder for the splint that	1	- 1
FEVA	DIGA the second	TIME TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T	lan	order family caused the doctor and w	rote	- {
1000	THE Opposition	MANAGEMENT LESCOME VC	1	order for the splint that had been		- 1
the	ptic appointment for spett hand splint on the n	esidoet as PT placed				- 1
4013	i	-overic ou adia 8'	Phy	sical Therapy. An in-service was	- 1	- 1
 [nto-	ACION CONTRA AL -		con	ducted by the Phan-		}
Nava	view with the Director o mber 15, 2013, at 1:10	f Nursing (DON)	on 1	ducted by the Pharmacy Consulta 2/3/13 on following	nt	·
I WITICE	COnfirmed the service	. Marrier MI (UB 130) May 1	phys	2/3/13 on following up with the		1
LUITMEN	una	TO I CHIEF IN AREA!			1	- 1
4 463.21	KKKANA) CEDUASS -	ingrin shiff!				İ
PERS	ONS/PER CARE PLA	SV OHALIEUm [servi	ces to the residents.	1	1
1	1 @ml	PN	282		1	- 1
The se	ITVICES DIDVINAN		į	•		1
must b	ervices provided or arra to provided by qualified ance with each array	inged by the facility	1		1	1
accord	ance with each resider	Persons in			1	1
<u> </u>		As written plan of	- 1		[1
587(02 -9 9) p	revious Versions Obcolete	*****			1	1
	TOURIE	Event ID: 11CV11			ſ	j
			FORMING ID; TN			1

	OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		FORM APP FORM APP OMB NO. 093 (X3) DATE SUR	8-0
		44F200		•	COMPLETE	D
NAME OF PROVIDER OR SUPPLIER			B. WING			
· · · · · · · · · · · · · · · · · · ·	ROOK SANITARIUM	 	i	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		<u></u> -
(X4) ID PREFIX	SUMMARY STATE	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPL	— (百) (百)
			- 1	On 12/25/13 all health care provider service were requested per memo from DON to provide copies of any recommendations for resident care to DON or Nursing Supervisor following their visit or treatment to the resident (2) On 11/25/13 to 11/29/13 DON or Nursing Supervisor or designee check all resident's charts for health care provider recommendations that had not been addressed. No other residents with indentified as needing an order. On 12/25/13 the DON in-serviced all licensed staff on "Obtaining Physician review of Health Care Provider recommendations." 3) To ensure that the facility's policy and state laws are observed concerning physician orders for all medications/treatments, the Pharmacy consultant will assist with education at training on a monthly basis beginning 12/3/13. This will continue for 6 month or until substantial compliance has been achieved.	om of the lig ked ot ere	1/3
Service and	revious Versions Obsolete					

AND PLAN Q	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDERIEUDOUER		PRINTED: FORM APPRO OMB NO. 0938-((X3) DATE SURVE
		. 44E200	B. WING		COMPLETED
	OVIDER OR SUPPLIER				1
	ROOK SANITARIUM		j	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE	<u> </u>
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL		DAYTON, TN 37321	
TAG	REGULATORY OR LS	MOST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIC
	;			The DON or designee will monitor health care provider recommendation to ensure timely reviews by physician and orders are written when read and	s
			:	continue monthly until compliance has been achieved. 4) Beginning 12/30/13 the DON will report the outcomes of manife.	
	·			Health Care Provider recommendation at the QAPI Committee meetings. The Administrator will report monitoring outcomes at the quarterly Governing Body meeting.	8 .
				72 - 6 - 70 - 70 - 70 - 70 - 70 - 70 - 70 - 70	
2567(02-88) F	revious Versions Obsolete	Event ID: 4XKZ11		<u>.</u>	

STATE	NTERS FOR MEDICAR MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDED NAMED	ES	8652125642 >>	P 25/0 PRINTED: 12/0: FORM APPR
	<u>.</u>	MUNIONNINGE	±, 1174-141⊾	ATIPLE CONSTRUCTION DING	(X3) DATE SUD
NAME	OF PROVIDER OR SUPPLIER	44E200	8, WING		COMPLETED
LAUR	RELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, Z	IP CODE 11/20/201
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		Harris and the same of the sam	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE CROSS-	ORRECTION ON SHOULD BE LE APPROPRIATE COMPLET
F 282	Continued From page			DEFICIENCY	EAPPROPRIATE DATE
	care.	5 Z I	F 28	F 282 483.20(k)(3)(ii) S	VEIDAN
				F 282 483.20(k)(3)(ii) S QUALIFIED PERSONS PLAN	ERVICES BY 12/20/0
	This REQUIREMENT	t to		1 x 17/47/A	OXALEGE
	by:	is not met as evidenced	,	1) Upon being made awardhealth services had not	a that 1
ı	the facility to lead to	ord review and interview		health services had not bee	ental
	Ware Plan for dame.	TOTAL STREET OF THE PARTY OF TH	ivo l	noted in the Comprehensiv	provided as
unty-one reside	thirty-one residents rev	lewed (#50) of		for Resident # 50, the Soci	iol C.
	The findings included:	TO TO WA	4	Director arranged an appoint	nd Services
			{ }	Dentist on 11-25-13.	unent with a
	Resident #50 was adm! September 21, 2013, wi	ited to the facility	1 1	Un 12/3/13 the DON	sith at a s
. i f	TVD8rtancian Barry	" HIPSHOSES OF FECANIL	. 1	Coordinator and Social Servon communication of	in the MDS
	MITORIC ISCHOPILA LA	Vascular Disease		on communication of identificare needs when assess	fied '
	typenipidemia,	-sease, and	1 1	care needs when assessments	s are
ļo	bservation on Name				
j in	bservation on Novembo the resident's room rev ome missing upper teeti	er 18, 2013, at 2:23 p.m.,		ADS Coordinator will providing revised resident care at	de a conver
ĺ	and missing upper teeth	h. Tesident had	, , , , , , ,	ny revised resident care plan ocial Service Discont	I to the
Me	edical roperat				Will initial
COI	mprehensive care plan a d revised for dental hea	dated October	1 21	ld give to the DON.	
1,04	CHIED INA FARIA	Tr. Trubber / Jacob		Beginning 12/12/13 the Mr	os !
1 472.4	INCHION TALLS				
9 14 16 15	TVBDDDD OF P	Signification of the state of t	1		• •
Orde	tal care, transportation	as needed/as	We	sidents to ensure dental health re provided when identical	h services
1		ł	Was	re provided when identified.	This
Inter	view with the Minimun I Idinator in the MDS offi	Data Set (None)	3)	s completed on 12/13/13.	_
2013	at 1 :35	e, on November to	revi	Beginning 12/15/2013 the D	ON will
i been	Undated as asset	, nie Agle Hau Pan	been	iew all revised care plans than completed by the	t have
I Service	CRS And was and		Coo	n completed by the MDS	
Servic	ses had been communices to implement.	cated to social	Serv	rdinator and sent to the Sociatices Director	al
				rices Director for review and aling. This will continue for its.	
67(02-99)	Provious Versions Obsolete		week	o and will continue for	4

ISTATEM	TERS FOR MEDICAR ENT OF DEFICIENCIES IN OF CORRECTION	DC0547PM13501 M AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		652125642 >>	PRINT FO	P 26/6 ED: 12/06 RM APPRO
1	•	NUMBER:	A. BUILDS	TPLE CONSTRUCTION	Alvid L	<u> 10. 0938.</u>
NAMEO	P PROVIDER OR SUPPLIER	44E200	a, wing		اردم)	OMPLETED
LAURE	LBROOK SANITARIUM		To. WAG	STORES	- t	
				STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		1/20/2013
(X4) ID PREFIX TAG	EACH DEFICIENCY	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
77.0	REGULATORY OR LS	EMENT OF DEFICIENCES MUST BE PRECEDED BY FULL C EDENTIFYING INFORMATION	PREFIX			_
E 200			TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIENCY)	ion Lobe	CONDITION
1 202	Continued From page	∌ 22		4) Paris	PRIATE	DATE
j	On November 45	od Practical Nurse (I DAD	F 282	4) Beginning 12/30/13 the DON report the outcomes of Social Se Care Plan monitoring at the OAR	will	
1]			ĺ
F 309	483.25 RECVIDE 2	dental appointment		Care Plan monitoring at the QAF Committee meetings. The	T i	
SS=D	483.25 PROVIDE CAP HIGHEST WELL BEIN	RESERVICES FOR		Administrator will report monitor putcomes at the great monitor	ļ	
ſ		.0			ing	
je	rovide the necessary	seive and the facility must	1	Body meeting.	ing	
10	I MAMISIA HALLE	THE PAIN OF VICAS IN ALL.			- {	
			la	309 483.25 PROVIDE		أنب
· Jai	nd plan of care.	al well-being, in apprehensive assessment	v	CARE/SERVICES FOR HIGHE VELL BEING	est /	<i>425 13</i>
- 1				esident # 9	- 1	j
-	i		[1]	Upon being mad		- 1
, б у:	is REQUIREMENT is	not met as evidence	∫ло	Upon being made aware that state provided proper leg support for esident # 0	f bad	- 1
						- 1
1000	I IMPANANTA AL	TOVIEW ODSANJALA				
1 242	KKIND DAWA PARAJULAN AND A	ailed to properly	of	Nursing immediately reserved	ctor	- 1
1 242	KKIND DAWA PARAJULAN AND A	failed to properly , #31) of thirty-one) to	provide les au	taff	
resi	dents reviewed.	failed to properly , #31) of thirty-one	to by	provide leg support to Resident #	taff	
resi	idon (wo residents (#9) dents reviewed. findings included:	, #31) of thirty-one	to by	provide leg support to Resident # placing the foot rest on the Brode	taff	
resi The	dents reviewed. findings included;	#31) of thirty-one	to by cha	provide leg support to Resident # placing the foot rest on the Brodz air and use of pillows. 11/18/19 the Poss	taff 9 1	
The Resi	dents reviewed. findings included: dent #9 was admitted to 9, with diagnoses in the part of the part	to the facility on April	to by cha On Res	provide leg support to Resident # placing the foot rest on the Brodz air and use of pillows. 11/18/19 the DON added to the	taff 9 1	
resi The Resi 17, 2 Vasci Depri	dents reviewed. findings included: dent #9 was admitted 1009, with diagnoses in ular Accident, Intellect	to the facility on April cluding Cerebral ual Disabilities	to by cha On Res	provide leg support to Resident # placing the foot rest on the Brode air and use of pillows. 11/18/19 the DON added to the sident care guide and care plan to	taff 9 1	
resi The Resi 17, 2 Vasco Depn Aggre	tion (wo residents (#9) dents reviewed. findings included: dent #9 was admitted 6009, with diagnoses in ular Accident, Intellect ession, Severe Mental assion, and Convulsion	to the facility on April soluding Cerebral ual Disabilities, Retardation,	to by cha On Res	provide leg support to Resident # placing the foot rest on the Brode air and use of pillows. 11/18/19 the DON added to the sident care guide and care plan to	taff 9 1	
resi The Resi 17, 2 Vasco Depn Aggre	dents reviewed. findings included: dent #9 was admitted 009, with diagnoses in ular Accident, Intellects ession, Severe Mental ession, and Convulsion	to the facility on April soluting Cerebral usl Disabilities, Retardation, as,	to by cha On Res che resia supp On 1	provide leg support to Resident # placing the foot rest on the Brode air and use of pillows. 11/18/19 the DON added to the sident care guide and care plan to ck Resident # 9 every 2 hrs when dent in the Broda chair for proper port.	taff 9 1 1 1 1 1 1 1 1 1	
resi The Resi 17, 2 Vasco Depri Aggre Medic Augus attach	dents reviewed. findings included: dent #9 was admitted 009, with diagnoses in ular Accident, Intellect ession, Severe Mental assion, and Convulsion al record review of a C 114, 2013, revealed ".	to the facility on April cluding Cerebral usl Disabilities, Retardation, as.	to by cha On Res che resia supp On 1 supe	provide leg support to Resident # placing the foot rest on the Brodz air and use of pillows. 11/18/19 the DON added to the cident care guide and care plan to ck Resident # 9 every 2 hrs when dent in the Broda chair for proper port. 1/23/13 the DON and/or Nursing	leg	
resi The Resi 17, 2 Vasc Depri Aggre Medic Augus attach straps	dents reviewed. findings included; dent #9 was admitted 009, with diagnoses in ular Accident, Intellect ession, Severe Mental assion, and Convulsion al record review of a C t 14, 2013, revealed ed thigh straps daily uses are corrections.	to the facility on April ocluding Cerebral ual Disabilities, Retardation, as. Care Plan datedBroda chair with seensure thich	to by cha On Res che resia supp On 1 supe (licer	provide leg support to Resident # placing the foot rest on the Brodz air and use of pillows. 11/18/19 the DON added to the sident care guide and care plan to ck Resident # 9 every 2 hrs when dent in the Broda chair for proper port. 1/23/13 the DON and/or Nursing rvisor met with the nursing staff	taff 9 1 1 1 1 1 1 1 1 1	
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	AT OF OFFICE OF	DC0547PM13501 I AND HUMAN SERVICES E & MEDICAID SERVICES		•	PRINTE	D: 12/05
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FUR	(M 4006/
1		PERIODICAL ICH NUMBER:	A BUILDI	TIPLE CONSTRUCTION	- OWD M	<u>U. D938.</u>
		44E20D			(A3) 0/	TE SURVE
NAMEOF	PROVIDER OR SUPPLIER		B. WING		- 1	
LAURE	EBROOK SANITARIUM		T	STREET ADDRESS, CITY, STATE, ZIP COD	11	/20/2013
]`	The state of the s	E	
PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING DEAD BY FULL		DAYTON, TN 37321		
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			TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE ABOUT	VLD BE	COMPLET
F 309	Continued From page			DEFICIENCY	COPRIATE	DATE
i	Medical record soulant	3 23	F 309	14) Un 11/24/13 the Normalia of	-	
	Data Set (MDS) date	of a quarterly Minimum October 3, 2013, revealed	1 005	The Read of the Reads of the Reads of	cm [
- 1	the resident was seve decision making, had ohysical behavior	fely impaired for daily	4	I TO THE LANGE TO THE LANGE THE		
1.		psychomotor retardation		Provided a report to the DOM a	a Arbitia	
f i	relection of corn 4 o	Sent 1-2 days a week		'' ar		
	dependent on staff for	ays a week, totally all Activities of Daily Living	} }	On 12/3/13 the DON conducted		
14	(ADL's), total depende ransfers, ambiliation	nce for bed mobility.		TOT THE TOT SHI THITSING CLOSE CENT		
Ja	SSESSMENT limb rook	no falls since prior aint and chair to prevent				
Į fi	rom rising,	ana and chair to prevent	1 1	0 ouddolf III a Kroge et		
l o	Anonmiles		1 1	TO GUCHUIID THE SHAPE	- 6	
a.	M. In the Artists Page	ber 13, 2013, at 10:35		The work and the contract of		
ja	Brode chair with actual	in revealed the resident in	t	the DON or Nursing Supervisor	ted by	
10	et dangling with no su	straps in place, bilateral pport and no foot rest on				
] [3	Beginning 12/1/12 the Post		,
Ot	pservation on Novemb	er 18, 2012	, , ~	TOTAL NEST RESTREET AND TOTAL OF THE PARTY O	- í	- 1
j a.n ∫in t	in the resident's roote	er 18, 2013, at 11:05 om revealed the resident		TO THE CHICK'S STA A		- 1
/ Co	Minued channel	he reet dangling.	171	GULICITY MSSECCIMENTA	,	- 1
the	resident's chair in the	hollom of the	, ,,	The war volume for 2 mand	ed.	- 1
lata	ما المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية الم	or the closef	`	APPLOVES & CIECTEROR (*	until	- 1
Nov	rember 18, 2013, at 1: dent's room revealed	r of Nursing (DON) on	1 110	omtoring.	Í	ł
resi	CORFE FORM	in a critical to the	(4)	Beginning 12/30/13 the Door	.,	- {
dan	gling and the footrest	was in the bottom of the	, - • <u>,</u>	TO JULIO ONICOMES OF Devote OF 1	,	-
Had	et. Continued intervier falled to provide propri	revealed the facility	1 ****	ALLOHOUS at the OADT A	!	1
depe	falled to provide propertions.	er leg support for the	me	etings. The Administrator will r	;	- 1
1 '		}	mo	mitoring outcomes at the quarter	ерон	1
Resi	dent #31 was admitted	to the facility on	Go	verning Body meeting.	ly į	- 1
Cons	estive Heart Engine	ises including Anxiety.	Res	sident #31	1	ļ
Vasc	estive Heart Failure, I ular Accident, and Dys	Jepression, Cerebral	1) (Upon being made aware that staf		- 1
			not	provided proper support for	f had	ĺ
(MDS	pal record review of the	e Minimum Data Set	Res	ident # 31 on 11/19/13 the Direct	i	- 1
) dated September 12 Previous Versions Obsolote	, 2013, revealed the			tor	- 1

NAME O	ENT OF DEFICIENCIES N OF CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA			PRINT	P 28/6 D: 12/05
NAME O	N OF CORRECTION	I (NI) FRUVIDERICIANI INC.				:P: 12/05
	•	DENTIFICATION	(NO) MAY		1.01	(N) 4666)
		IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	- OND I	<u>U. 0938.</u>
			The Bollon	NG	Q (8X)	ATE SURVE
	PROVIDER OR SUPPLIER	44E200	B. WING		j ^u	OMPLETED
· f 4-4-14-14-14-					f	
	LBROOK SANITARIUM		1	STREET ADDRESS, CITY, STATE, ZIP COD	4	/20/2013
(X4) (D	O'Una care		ļ)E	
(X4) ID PREFIX	(EACH DEFICIENCY	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL IDENTIFYING MEASURE		DAYTON, TN 37321		
TAG	REGULATORY OR LS	AUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRE		
		THE PROPERTY ON	TAG	CROSS DEPENDENCE ACTION SHE	CTION	(035)
E 200			<u> </u>	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	COMPLETE DATE
L 203	Continued From page	24) DAILE
i	(USIDENT NACIONA)	all to	F 30g	of Nursing immediately requesto maintain the sur-	etad - co	
j	problems, severely im	snort term memory paired for daily decision	'			<u> </u>
- [making, verbal and pr	paired for daily decision ysical behaviors occurred	}	by placing in an unviole	dent#31	
- 1	To days a week, requ	ired extensive assistance	1 .	by placing in an upright position	n during	i
i	restraint and its of Dail	red extensive assistance Living (ADL's), and trunk	ł		•	
ř		reversit stom tising.		On 11/20/19 the DON added to	the	
j į	Medical rooms		ļ	Propincial case only and	5	
	Medical record review September 9, 2013, re Salting to the second	or the Care Plan dated	I			
	Hace in upright position	vealed "during meals is supporting the head and	[resident up in a chair for proper	when	
1	pper torso"	, antibouring the head and		support.	body	
			I	"FFOIL		
10	bservation on Novem	per 13, 2013 pt 40:00		On 12/3/13 the DON met with the	ne Mine	
اعتن احةأ	m., in the Activity room	revealed the resident		TO TERMINATE AND A STATE OF THE PROPERTY OF TH		
i bi	Sterol foot and	A COSTOPIC ID DISCO	11	Portance of communications		1
no	SUDDOM and the star	ith a seatbelt in place, pedals, feet dangling with	4		7	į
PC	sition,	tilled in a backwards		~ whome stait Hacima!	1	
	_	1	tl	he MDS Coordinate	2/13 j	- 1
100	servation on Novembe	er 19, 2013, at 8:10 a.m.,	n	he MDS Coordinator will provid	ea	- 1
Tee	the small dining room :	evealed the resident		The state of the s	!	- 1
froi	of the maining	mu preakfast travic	1 ~~.	THOSE OF ICSIDENT With about	_ 1	- 1
fev.	ealed the cooldants	linued observation				- 1
j and	ealed the resident's fer had no support.	et not on foot pedals				j
1]	, '	· · · · · · · · · · · · · · · · · · ·		
inte	rview with the Activity 2013, at 8:12 s.m., in (Director on Norman				- 1
18,	2013, at 8:12 a.m., in (imed the resident way	he small dining ro-	M	DS Coordinator - 111	o the	i
unal	rmed the resident was the to reach the plate	s reclined in the chair	me	DS Coordinator will keep all init	tialed	}
Were	ple to reach the plate, and dangling with no sup	and the resident's feet		omo that signifies staff are aware ident's needs.	of	1
	- 2 - The out	, oi [.]	*acut 2 Meede	ľ	1
Inter	view with the DON on	November 19, 2013, at	l On	11/23/13 the DON and/or Nursi	ina	.]
1:20	p.m., at the Nurse's S ent had not been eval	ation confirmation at	1	With the number	<u>ئ</u> مة !	- 1
resid	ent had not been evalued long time." Confirmed	Isled for positioning	1,440	OTTOOL SIGHT AND CIVIAN		1
j "M 2:	long time." Continued	Interview confirmed	to c	communicate the changes to the	shift	1
eren	sident could benefit fration for positionian	om a physical themas.	rela	of Resident #31.	care	- 1
confin	ation for positioning. If med the facility had to	urther interview	1	Accordent # 31.	1	- 1
	med the facility had fa	led to maintain proper	j	•	}	1
	Provious Voltages Charles	Event ID:11CV11				

STATEMENT AND PLAN OF	of Deficiencies Correction	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) D	M APPRO O. 0938-0 ATE SURVEY OMPLETED
VAME OF PR	OVIDER OR SUPPLIER	44E200	B. WING	·	1	
		· · · · · · · · · · · · · · · · · · ·	1	STREET ADDRESS	1	
	ROOK SANITARIUM	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	T in	DAYTON, TN 37321		
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	N BE NATE	(X5) COMPLETIO DATE
•				2) On 11/24/13 the Nursing Super-	isor	
. 1				CHECKED all residents for impressor		ļ,
				support when sitting up in W/C as reflected on their care plan and prov		
	į ·		·	a report to the DON, Exhibit 7	ſ	!
			-	On 12/3/13 the DON conducted on it	n-	
		·		service for all nursing staff (RNs, LF and CNAs) on resident care needs i.e	n. 1	
	•			body support when up in chair Au	- 1	
- 1				nursing staff not attending the above	in-	
:		ļ		solvice must attend an in-service	_	,
ŀ		ļ ģ		conducted by the DON or Nursing Supervisor before reporting to work.	-	
				J Degining 12/1/13 the DOM will		į
				monitor Resident's support when up i chair to ensure q 2 hr check are done	- 4	
	•			and proper support is being provided. This will continue for 3 months or unt	.	
				QAPI approves a decrease in monitoring.	n	
	.		1	4) Beginning 12/30/13 the DOM with		1
				report the outcomes of monitoring		
	•	ļ	1	appropriate support to residents when to in W/C at the QAPI Committee	ıp	
1			1	meetings. The Administrator will		
				mountoffing Officomes at the growth-la	"	
	•			Governing Body meeting.		
				,	.	
		,			1	
<u></u>	Previous Versions Obsolete		- 1		1	- 1

STATEM	TERS FOR MEDICARE ENT OF DEFICIENCIES IN OF CORRECTION	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GUA	<u>'</u>	652125642 >>	PRINT	P 29/6
		TOWNER!	(XX) MULT	TIPLE CONSTRUCTION	OMB (VO. 0938
NAME O	F PROVIDER OR SUPPLIER	44E200	B. WING			OMPLETED
LAURE	LBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE	1	1/20/201
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY) REGULATORY OR LS	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	1 10	DAYTON, TN 37321		
F. 2.2.4		THE HA-ORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	NON RD BE OPRIATE	COMPLET
F 309	Continued From page	25			- MAIE	DATE
F 312 SS≃D i	483.25(a)(3) ADL CAP DEPENDENT RESIDI	dependent for all ADL's. RE PROVIDED FOR	F 309	ļ		
	A resident who is unab	le to carry out activities of necessary services to grooming, and personal		F 312 485.25(a)(3) ADL CARE PROVIDED FOR DEPENDENTS 1) On 11/16/13 the Administrated DON reviewed and revised the famous of the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy of the policy of the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy of the policy of the policy on Quality and the policy on Quality and the policy on Quality and the policy of the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy on Quality and the policy of the policy of the policy on Quality and the policy on Quality and the policy of the policy on Quality and the policy of the policy	NT or&	12125h
a	dependent medical recoils	illa out of the facility for a	2 0 2 3 3 5	added a section on residents who dependent on ADLs and are incomed Bowel and Bladder must be accompany by a family member of the transported to another agency ervices. Exhibit #6	and are stinent cond	
Re Ma Edd Sel	zures, and Muscular At	sion, Diabetes Mellitus, rophy.	Li in D(Lin	n 11/20/13 the Nursing staff (RN PNs, CNAs) and transport staff w -serviced by the Administrator an DN on the revised policy – Quality	ere d y of	
skin Inter by th	ventions included: an a ne facility, monitor skin proms) of brooks	an area of potential for uced mobility. air mattress provided for S/S (signs and	wo. ser Nur The	rk until they have attended an invice conducted by the DON or rsing Supervisor. Administrator will said a single said and sin		
as ne repos dress	akdown) observed for resided for treatment or stitlen every two hours, sing, bathing, personal tation.	lers, turn and	ackr men any	sportation log a column to nowledge the attendance of a familiber or a CNA with the resident of trips to an outside agency. This was perpleted by 12/1/13. Exhibit # ?	n j	
-2567(02-90)	Provious Varsions Obsolete	Evani (D: 11CV1)	1		1	- 1

STATIFICE	INT OF DEFICIENCIES OF CORRECTION	DC0547PM13501 IAND HUMAN SERVICES & MEDIGAID SERVICES (X1) PROVIDERSUPPLIER/CLA			- Wild 6	P 30/6 D: 12/0
	OF CORRECTION	DENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	- CINB M	MAPPR O. 0938 TE SURVI
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		CC	MPLETED
			O. WING		1	
LAURE	Lerook Sanitarium			STREET ADDRESS, CITY, STATE, ZIP	<u> 11</u>	/20/201
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(X4) ID PREFIX	GACH DEFICIENCY	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYING DEPORT		DAYTON, TN 37321		
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F312	Continued From page			DEFICIENCY	APPROPRIATE	DATE
- · -	Medical manning	26				
1	Data Set Auton	of the quarterly Minimum	F 312	2) Effective 12/1/13 the Do	``````````````````````````````````````	
	revealed the moidant	- Dobreniper 19, 2013.		T T TOUI CHAIGA WILL.	.794	
11	for dally declars	was moderately impaired	1	residents being transported	m assess all	•
11	Unhested seems	a. um peliāviots. Do	-	agency for the	to an outside!	
- [0	on staff for all Activities	ng, no behaviors, no ers, and totally dependent of Daily Living (ADL's).	}			
ĺ		. A. DENY CIVING (ADL'A)	ļ ;	accompany resident		
	Medical Lecord Leview	of a Nurse's Note dated	j /	not at the nursing note	s of the	
10	Urse to ream to	even ""Jesigeti called the	1		j.	
: V	Call Admine II. A	ADART HIR LEWISTAN	1	3) Beginning 12/1/13 the Nu		
1.00	DIMP MANAGEMENT	- Applied that Part -	ļ	Supervisor will many	ursing	
110	KINV ONA Ala a	""" VINGPUDINIMAN	ļ	Supervisor will monitor the tand nursing notes for	ransport log	
'101	e facility & have 1	ALARA AUDITORIA (*)				
. 16	SIDERI WAY	THE PROPERTY OF ASSESSION AND A PROPERTY OF		TOPOLL TO THE INCA	Weekly	
an H-	ostated only the driv	nged the resident er went with (resident) to				
		,	14)) Beginning 12/30/12 11 -	ONGER	i
ОЬ	servation on Nove	er 14, 2013, at 1:55 p.m.,	(-	About the monitoure outern	- ^	- (
In t	he resident's room revisiting the resident to	7 14, 2013, at 1:55 p.m.	17	ransportation log and nursing	10 82	- 1
ass	sisting the resident to b	ed with a no	l tr	ansports of dependent and	g note of	- 1
j	w	च्य सामा ह भार	l ir	Continence!	i	j
I ITHE	rview with Licensed Pa	ractical Nurse (LPN) #1		continence residents at the Committee and	API	- 1
I NUN	CO'C CHARLES	' ''VY PUR AK MA] ~	Vindilities incetings The		- 1
facili	ity in the faction	resident left the	I A	aministrator will report many	toring	- 1
i 1:00	D. Co.	October 23, 2012 A	1 :	The district Constitution of the constitution	- Ing	- 1
/ DOUT	2002 from the design	THE STATE OF THE S	∫ Bo	ody meeting.	virith	- 1
. I cetur	DOM of GIAA	and nip tesideut	1	0 .	; 1	1
While	AWAY from the sault	incontinent care	Ī			1
Centi	fied Nurse Assistant (C ccompany the residen	NA) and a CNA	1	•	ļ	- 1
THUL 2	ccompany the residen	C C C C C C C C C C C C C C C C C C C	!		ł	- [
,					1	- 1 '
2:05	iew with LPN #6 on No D.m., at the Nurse's St	Ovember 13, 2013, at	!		1	ĺ
GUIV W	then the registers	ation, time nurse on	į			İ
from t	he annalment	red to the facility	ſ		1	1
reveal	Ad the resident	weer 23, 2013)	1		ł	- 1
		esident had be	i		1	- 1
****	Previous Versions Obseioto	ALCOHOL LINE DEGU	- 1		}	- 1
ov(03 -8 6) (LIENGUP VOIDION CHARLE	Event (D: 11CV11	,		ľ	

STATEAR	ERS FOR MEDICAR	TANU HUMAN SERVICES & MEDICAID SERVICES	•	552125642 >>	F	31/67
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION				PRINT	ED: 12/0
	- and and told	IDENTIFICATION NUMBER:	OCT MI	Tipi man		
		Sypamous	A BUILD	TIPLE CONSTRUCTION		<u>v.</u> 0938
NAME	Door	44E200	- 1		(X3) D	ATE SHOW
- wit Ot	PROVIDER OR SUPPLIER		B, WING		1 4	MPLETED
LAURE	LBROOK SANITARIUM				- 1	
		•	ļ.,	STREET ADDRESS, CITY, STATE, ZIP CODE		/20/2013
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F 312	Continued From page	AT		CROSS-REFERENCED TO THE APPR DEFICIENCY)	LOPRIATE	DATE
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[]	physician appointment	nor to arriving at the	F 312	1		
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	CETE On sevent to the CETE	TY MUVIDED INCOMPRANT			ĺ	
	CUMPIOS HALLEL	· · · · · · · · · · · · · · · · · · ·	- 1		- 1	
	issessment on Octobe roblems with skin into	23. 2013 and	- 1			
	NA's	ority was reported by the	1		į	
		,	}		İ	
In	terview with CMA	n November 13, 2013, at	- 1		- 1	
3:	35 p.m., in the Conto	n November 13, 2013 et	- 1			
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מסו	VEIN'S ASSES		- 1		1	
10.1	7.f D 791 Alban	··]		- 1	
I LALD	WIND ORALL	 	i			
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i ume	Print hand a second	WOLKS WORD PARTER.	- 1		ſ	- 1
			- 1		1	- 1
Still	were no different than	usual	1		1	- 1
Inten	Victor with at]	1		- 1	
2013	view with the resident at 9:20 a.m., in the re	on November 14	İ		1	- 1
INRVA≤	Mod the second	POWER MAN	1		1	- 1
after :	Di innemia	9 at the decises are	1		1	- 1
, mada	THE PARISING	Y TO THE DOWNER SEA !	- 1		1	1
reside	nt stated, "I have a lot	note and dirty." The			1	- 1
colon.	*	or grouple with my	1		}	1
1		1	1		1	- 1
2012 -	ew with the van driver	On Novembor	1	•	1	- 1
Teves-	at 3:05 p.m., in the col	Merence man	1		j	1
incontir	Peri Colondo - C:	of the driver of so	}		1	ļ
DIVSICE	Bh annaiste and annaid	s obiole fue]			- 1
revesia	d the will com	inued interview	j		ĺ	- 1
"that kir	IN AF TOTAL	BITIBO (O provide			- 1	- 1
provide	the nurses at the physical	ver had nothing to	- 1		1	- 1
7(02-99) Pr	evious Versions Obsolote	ercian's office to	1		1	1
	AERICAGUS CIPEDIO(Q	Event ID: 11CV11	_1		- I	ł
		EVOIR ID: 1101/4.	Facility ID: TN	 -		f

	ALT ALL COMME	DC0547PM13501 1AND HUMAN SERVICES & MEDICAID SERVICES			PRINT	P 32/67 ED: 12/05/
AND PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MIN			
		THE PROPERTY OF MUMBERS	A BUILD	TIPLE CONSTRUCTION		<u>IO. 0938-0</u>
		##Pan-		110	(X3) C	ATE SURVEY
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING			**** TE1ÊÛ
LAURE	LBROOK SANITARIUM	, –		STREET ADDRESS		4/2044
				STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		1/20/2013
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	1	DAYTON, TN 37321		
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_			, ,,,,,	WALLOW REFERENCED TO THE SHOP	ULD BE	COMPLETIO
F 312	Continued From page	20		DEFICIENCY)	V-MAIR	DATE
ļ	assist the resident wit	de francis	F 312			/
ļ		" « «Commence care,	3	1		1
1	Interview with the Adm	ninistrator on November 15,	1	i		1
. [2013, at 2:00 p.m., in revealed the facility be	the conference from	i	1	ł	!
14	a depandent resident	dianed to send a CNA with	1		j	
10	a dependent resident to transportation to a physical	o provide care during		,	ļ	
i	· · · · · · · · · · · · · · · · · · ·	sician's appointment.	[·	- 1	
= 25 - 19	C/O #32789				1	
314 4	183.25(c) TREATMENT	F/SVCS TO	į		1	i
20 P	REVENT/HEAL PRES	SURE SORES	F 314	F 314 483.25(C)	1	}
8	aged on the		7.	TREATMENT	į,	2/25/13
re	sident the feeth.	ensive assessment of a	١,	TREATMENT/SVCS TO		,
. W	10 Shippe Han do - July	trachizar a tasidon	l.	REVENT/HEAT DRIPGOS	. [- 1
1000	TER BALLALLE	INTOUT DIESCHIA COROC	47	~~~~	Ιį	1
1172	Bir was demanded to	WITH WOM OF THE HEALT] £	Resident # 36	j	- 1
I DITE	BESUIDS BOSON HERE	410 d resident having	[1	On 11/24/13 the DON reviewe		l
Jser	NICES to promote t	Pocessary treatment and			a the	- 1
pre	event new sores from c	leveloping	p	ositive findings observed while	any	[
1			pr	oviding personal	1	1
This	e BEALUNES	ļ	su	oviding personal care to the resid	lent	
PA:	S REQUIREMENT IS I	not met as evidenced	rei	ch as skin breakdown must be	- 1	1
/ Bas	sed on modical account		, ~~,	OLUCI ITITALIA 1	se	- 1
revie	sed on medical record ew of facility policy, and d to complete a skin o	review, observation,			ion	1
laile	d to complete a six	o miteralean, the facility	lor:	a decline in health.	rati	- 1
mad	e aware of an alteration resident (#36) of thirth	n in skin interded	jΟπ	12/3/13 the DOM		1
tevie	resident (#36) of thirty.	оле residents			5	- 1
i						- 1
The f	îndings included:				ί	į
			skin	As responsibilities of reporting ar breakdown and when to notify	ay j	j
,	Ant #38 was all were	to the ferry				1
Resid	POUNTED SEM OCH HICK				ı	1
Resid Marci	lent #36 was admitted h 7, 2011, with diagnos	ses including Co	Ston	of a decline in health such	as I	Į.
Resid March Edem	a. Anxiety Huspans	es including Cerebral	Stag	sician of a decline in health such a e II pressure ulcer.	as	
Resid March Edem	n 7, 2011, with diagnosia. Anxiety, Hypertensires, and Muscular Atro	es including Cerebral	Stag	e II pressure ulcer.	as	
Resid March Edem Seizur	a. Anxiety Huspans	es including Cerebral	Stag	e II pressure ulcer.	as	

STATELE	ERS FOR MEDICARI	DC0547PM13501 1 AND HUMAN SERVICES 2 MEDICAID SERVICES	5	652125642 >>		P 33/6
AND PLA	INT OF DEFICIENCIES N OF CORRECTION				PRINT	ED: 19/04
	WEGLION	IDENTIFICATION NUMBER:	(X2) MUR	TPLE CONSTRUCTION	FO	RMAPPR
-		THE STATE OF THE S	A. BUILDE	NG		<u> VU. 0</u> 938.
NAME OF		44E200	j		1(X3) 0	DATE CLICA
I WIND CA	PROVIDER OR SUPPLIER	46200	B. WING_	_		OMPLETED
LAURE	LBROOK SANITARIUM			STREET	1.	
	MODULATION		- 1	STREET ADDRESS, CITY, STATE, ZIP CODI	<u>- </u>	1/20/2013
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	- ADDITORY OR LEG	NUST BE PRECEDED BY FULL DENTIFYING IMPORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO		
			TAG	CROSS-REFERENCE ACTION SHO	TION Wore	(005)
F 314	Continued From page			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	COMPLETI DATE
į						-
ļ	Medical record	•	F 314	On 11/15 a skin assessment was		ļ
],	Data Set (MDS) dated revealed the resident :	of a quarterly Minimum	1	completed on Resident # 36 by	3	1
- 11	PRVASIAN Han and I I	TYPIVINDBF 19, 2011 9	i	Supervisor and the	Nursing	ĺ
	Of daily decision	Les HUGGLAIGN MUSICON		The table of the table of the table of the table of the table of the table of the table of ta	. I	<i>i</i>
(E	MESCHIA HAMMA	AN AN INDUITOR DEVAILABLE	1 1	modelica and noted in about	. ;	
յս	ICE/S. And was lated.	o unhealed pressure dependent for all Activities	1 1	Physician was notified of the Ct.	on II	
10	f Dally Living (ADL's).	Particing for all Activities	, 14	HICEL		
	•		1 12	2) On 11/21/13 the DON, Nursin		
A.	ledical record review o ugust 14, 2013, reveal	f the Care plan date:	1 15	interview - V	ıg İ	
, in	egust 14, 2013, reveal	of the Care Plan dated ed "potential for skin	i 1.	Supervisor and/or charge nurse of Il resident's skip for el-	becked!	
1.00	DVIMON 6 2	"Y" "IVAUITY, SIE MARLE".		Il resident's skin for skin breakd	077	
1.6311		TIME OF TRIBAL		TOSICIPATE HAD 11.		
1 1 1 1	DIOSPANIE	TOTAL CHOICE CHOICE				
r Mare an	KSIMON BALLA		. se	ervice with all Care	n in-	
: an	(Annakia -	Paulient ordere	l pr	ervice with all CNAs concerning	the	ł
שנע	n dressing, bathing, pe bulation"	rsonel hori	1 * "	TO VARGIOUS TO ALL AT		- 1
2		1				ł
Mer	Ilcal record	<u> </u>				- 1
Pre	ilcal record review of a licting Pressure Ulcan	Braden Scale for s dated September 19,	,	TAKENE WILL DO 10 DOGG.	,	1
201	3, revealed "high rist	s dated September 10	∫ to	work by the DON and/or Nursin	eturn j	- 1
	• • • • • • • • • • • • • • • • • • • •	····	Su	pervisor.	g l	1
Med	ical record review of p	hysician Recapitulation	3)	Regionital and a	-	- 1
Orge	r dated November 201 e Cream (barrier crear	3 revealed a pitulation	1 37.	Beginning 12/1/13 the wound car	te !	1
		- '- 'ONEO / INA	, Aur	se will complete a Pressure Wou a Non-Pressure W		}
unii .	cks/coccyx topically evesoived"	/Bry shift for revise-			æα ¦	1
		1	Frid	ay to the DON.	very	}
Obser	Vation with come		{ 4)) }	Beginning 12/30/13 the DON will the monitoring	į	j
#3 on	vation with Certified N November 14, 2013, ; nt's room revealed the	IUrse Assistant (CNA)	reno	of the mania.	u i	- 1
T PSIGN	M'C Man unit	יי און הווים עצייי	skin	rt the monitoring outcomes of an	w i	- 1
reside	nt with a life Coast	CIVI Ganstering the	3 3	breakdown and failure to report	-	- 1
peri-ca	fe revealed as as-	upservation during			a	Į
buttoc	KS.	and to me residents			. }	- 1
:				and after this was	}	ı
US 454	of facility policy, Skin revealed "Certified	and Wound Com	outco	inistrator will report monitoring mes at the quarterly Governing	į	- 1
·** 406	revious Versions Obsoleto	Miller Total College	I	mees at the quarterly Governing meeting.	- 1	ı

CLATEL	ENT AC MORAL	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		B652125642 >>	-	P 34/6
AND PLA	N OF CORRECTION				PRINT	ED: 1210
	- as a seed 1 Mile	IDENTIFICATION NUMBER:	(X2) Mun	TIPLE CONSTRUCTION		
		- The same of the	A. BUILD	ING	11/0 11	<u>v. u</u> 938
NAST C		44E200		the state of the s	/(X3) D	ATE SHOW
	F PROVIDER OR SUPPLIER	446200	B. WING	_ 	1	OMPLETED
	LBROOK SANITARIUM	· · · · · · · · · · · · · · · · · · ·		STREET	- 1	
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F 314	Continued From page		}	CROSS-REFERENCED TO THE APPRO DEFICIENCY	PRIATE	COMPLET DATE
١.	mill account LIOW bage	30	_			1
j	Oncolne beach resid	ent in their care on an	F 314			
- 1	ongoing basis and rep thecharge nurse "	ort any changes to	1		į	
	and a simple of	j		1	į	
į	Interview with only	ĺ	•	•	- 1	
;	1:35 p.m - 4-	on November 14, 2013, at	1			
- (1	DIDAN AYAA baa' taa	THE PROPERTY OF THE PROPERTY O			1	
}{	and CNA #2 was	orn's room, revealed the the resident's buttocks to how long the open area			!	
İ	lad been present.	e now long the open area	į		j	
J		,	[
j ie	terview with the Accide	tant Director of Nursing	j		į	
10	ADON) on November	tant Director of Nursing 14, 2013, at 2:00 p.m., at	1		}	
107	P Nitrobia Place	"I "VIVIOLEUM A. I	1		1	
1 83	SSESSAN the manual	THE WIRE ADDITIONAL PARTY.	1	•	1	
20	013, and no alteration in served. The ADON of	n skin intowit	,		ĺ	
100	SAME The ABOUT	Aver a (BOLIV Mac	1		ļ	
1 707	nen the resident goes t	cack to bed "	{		- 1	i
l int	ordewich our in	t t	1		. [- 1
2:2	O p.m. In the see	November 14, 2013, at	1		ļ	
"Dis	0 p.m., in the conference" on the buttocks he	ice room revealed the	i		1	
j but	ace" on the buttocks ha locks were often red.	id not changed. The	1		- 1	- 1
r	·	ī	i			- 1
Inte	rview with Licensed n.	actical Nurse (LPN) #6	1		}	- 1
On	Vovember 14, 2013, at se's Station revealed to	actical Nurse (LPN) #6	!		ĺ	- 1
: IVUII	SO'S Stollan account	TITE PARK TOP	1		1	- 1
1	Med any change to	TO CIVA'S had not	1		1	
repo	#B Was Heaven	e residents skin and	İ		1	- 1
ILPN	we will be all the way			*	1	j
LPN	Tily to the root-land.	A entotestion in skip	[1
LPN integ	rity to the resident's bu	ittocks. The Zinc			- 1	
integ Oxid	Ifily to the resident's but it is applied by the CN/	ittocks. The Zinc A's nightly and the				l i
integ Oxide LPN not p	rity to the resident's but e is applied by the CN/ had worked the past the rovided any core	ittocks. The Zinc A's nightly and the				
integ Oxide LPN not p	rity to the resident's bu	ittocks. The Zinc A's nightly and the				
LPN integ Oxidi LPN not p	rily to the resident's bue is applied by the CN/had worked the past the rovided any care or assent's buttocks.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the				
LPN integ Oxidi LPN not p reside	rily to the resident's but is applied by the CN/had worked the past the rovided any care or assent's buttocks.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the			 	
LPN integ Oxidi LPN not pi reside	rily to the resident's but it is applied by the CN/had worked the past the rovided any care or assent's buttocks.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the November 15, 2019				
LPN integ Oxid LPN not preside reside Interv at 7:34	rily to the resident's bue is applied by the CN/had worked the past through any care or assent's buttocks. Jew with the ADON on 0 a.m., at the Nurse's 1 had a had a life.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the November 16, 2013, Station revealed the				
LPN integ Oxid LPN not preside Intervent 7:34 ADON morning	rily to the resident's but it is applied by the CN/had worked the past the rovided any care or assent's buttocks. Jew with the ADON on a sm., at the Nurse's to the resident and observed the resident is applied.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the November 16, 2013, Station revealed the ident's buttocks this				
LPN integ Oxidi LPN not por reside at 7:34 ADON morninulcer w	rily to the resident's bue is applied by the CN/had worked the past it rovided any care or assent's buttocks. Jew with the ADON on a.m., at the Nurse's 1 had observed the residency (November 15, 2011) was present. No asserved the reserves	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the November 16, 2013, Station revealed the ident's buttocks this				
LPN integ Oxidi LPN not por reside at 7:34 ADON morninulcer w	rily to the resident's bue is applied by the CN/had worked the past through any care or assent's buttocks. Jew with the ADON on 0 a.m., at the Nurse's 1 had a had a life.	Ittocks. The Zinc A's nightly and the wee nights and had sessment to the November 16, 2013, Station revealed the ident's buttocks this				

STATE	WEDICARI	DC0547PM13501 HAND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	P 3	5 /
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION				PRINTED	2/0
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ĺ		,	A BUND	ING	- SIND NO. DE	138
NAME	OF PROVIDER OR SUPPLIER	44E200	1		(X3) DATE SI	JRV.
			B. WING		- 1	160
LAUR	ELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE	445000	
(X4) ID			- 1		11/20/2	01
PREFD	X / /FACH DETINING STATE	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LEC	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION)	PREFIX	PROVIDER'S DI		
			TAG		ION	~
F 314	4 Castlernal a			CROSS-REFERENCED TO THE APPRODEFICIENCY	PRIATE COM	PLEY
~.7	Continued From page	31	_			ATE
	Informed of an about	ber 14, 2013, after being	F 314	•}		
	Would call the about	ber 14, 2013, after being ion in skin integrity and	ĺ	1	·	
	for new orders.	on in skin integrity and in when the office opened	1	i !	}	
i	1		İ .	ļ	{	
	Interview with the DON	on November 15, 2019, at	!		1	
- 1]]		}	
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11	HOURT PRO Abundata	A. A. OHO USO ISHOW W	-		!	
	W/IMO MORNEAU		İ			
V4.316	483.25(h) FREE OF ACC HAZARDS/SUPERVISIO		1		1	
~~= F	WCARUS/SUPERVISIO	3 k (/2 ma # =				
	1010	PANDEVICES	F 323/	F 323 402 25 2	ş	
17	he facility	1	F 323	F 323 483.25(h) FREE OF	101.0	1,2
T	he facility must ensure (that the resident	1	F 323 483.25(h) FREE OF ACCIDENT/HAZARDS/SUPEI	R 12/25	1/3
ei ei	The facility must ensure (invironment remains as t s is possible	that the resident		VISION/DEVICES	R 12/25	1/3
ei ei	The facility must ensure (invironment remains as t s is possible	that the resident		VISION/DEVICES 1) On 11/23/12 st	ļ	1,3
ei ei	he facility must ensure (that the resident		VISION/DEVICES 1) On 11/23/13 the Director of Nursing met mid-		1/3
ei ei	The facility must ensure (invironment remains as t s is possible	that the resident		VISION/DEVICES 1) On 11/23/13 the Director of Nursing met with all nursing staff RNs I PNs		1/3
ei ei	The facility must ensure (invironment remains as t s is possible	that the resident		VISION/DEVICES 1) On 11/23/13 the Director of Nursing met with all nursing staff (RNs, LPNs, and CNAs) concerning the importance of the concerning that the importance of the concerning that the concerning		1/3
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The asset of the first action of the first action of the first action ac	The facility must ensure invironment remains as invironment remains as it invironment remains as it is possible; and each it dequate supervision and event accidents. Is REQUIREMENT is not set on medical record in estigation, observation, as it is allow a care in a care in the set one resident (#36) a lap tray on a Geri-chair it is resident (#49) of four of coidents of thirty-one residents indings included:	that the resident free of accident hazards resident receives assistance devices to assistance devices to assistance devices to assistance devices to a seriew, review of facility and interview, the straps correctly for one plan intervention for a #31), use a lift to and to place an for fall prevention for	Ed rec de rec lin c Res tran Res.	VISION/DEVICES 1) On 11/23/13 the Director of Nursing met with all nursing staff (RNs, LPNs, and CNAs) concerning the importance of following the carollans for Residents # 9, # 31, # 36, and # 49. ach resident's care plan was eviewed with nursing staff and the efficient practice identified during cent survey: esident # 9 - apply thigh straps rectly, sident # 31 - Clip alarm when up chair sident # 36 - providing for a safe isfer by using lift ident # 40 - plans.	ag re	//3
The asset of the first action of the first action of the first action ac	The facility must ensure invironment remains as invironment remains as it is possible; and each it dequate supervision and event accidents. Is REQUIREMENT is not set on medical record in estigation, observation, as it is dent (#9), follow a care in a larm for one resident (#36) a lap tray on a Geri-chair if resident (#49) of four of eccidents of thirty-one residents	that the resident free of accident hazards resident receives assistance devices to assistance devices to assistance devices to assistance devices to a seriew, review of facility and interview, the straps correctly for one plan intervention for a #31), use a lift to and to place an for fall prevention for	Ed rec de rec lin c Res tran Res.	VISION/DEVICES 1) On 11/23/13 the Director of Nursing met with all nursing staff (RNs, LPNs, and CNAs) concerning the importance of following the cardians for Residents # 9, # 31, # 36, and # 49. ach resident's care plan was viewed with nursing staff and the efficient practice identified during cent survey: esident # 9 - apply thigh straps recetly, sident # 31 - Clip alarm when up thair	ag re	1/3

STATEME	NT OF GETTING	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		3652125642 >>	- CANAL	P 36/6 ED: 12/05
ART PLANT	OF CORRECTION	(X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:	(XS) WILL	TIPLE CONSTRUCTION		
		- The state of the	A BUILD	WG	(Xa) C	O. 0938
NAME OF	PROVIDER OR SUPPLIER	44E200	i		C	OMPLETED
			B. WING		- 1	
LAUREL	BROOK SANITARIUM		{	STREET ADDRESS, CITY, STATE, ZIP COD	1	1/20/2013
(X4) ID	CINACIA	-	- 1		2	
PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C DENTIFYING INFORMATION)	 -	DAYTON, YN 37321		
'NY	REGULATORY OR LS	CIDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORREC	- T- C- C- C- C- C- C- C- C- C- C- C- C- C-	
			TAG	AND SHEFERENCES TO THE SHOOT	ULDBE	COMPLETA
F 323	Continued From page			OEFICIENCY)	NUPRIATE	DATE
f	NESKIPNI 200 taken and	. 104	F 323	All nursing staff not attending		-
į.	17. 2009, with diagno	nitted to the facility on April ses including Cerebral	, 323	above in-service must attend a	the	<u> </u>
- 1	Vascular Accident	and unrunding Celeptal	1	service conducted by the DON	m in-	;
!!	Depression, Severe N	lental Retardation	}	Nursing Supervisor before rep to work.	or	ĺ
- [of secinity dies Oblin	uisions.	1		1	
N	Aedical record review	of a Minimum Data Set	i I	Beginning 12/1/13 the Nursing	į	
10	MDS) dated October :	3. 2013 reversion of				
re	sident was severely I	3, 2013, revealed the impaired for daily decision		#31, #36, and #49 for complia	t#9,	
1 D6	903viore 1_2 44	ACTIVITY DUADICAL	}	with care plan interventions and	ince	
de	NA D WOODL AND	con rejection of care 4.3	- 1	document in the medical record	i i	
I AC	AIVIDAS OF DARLIS	The sun of sight for all	1	2) Donning of	·• [
: Q0	pendence for bad mo	bility, transfere	1	2) During the week of 11/20/14	to i	
res	braint and chairte	ibility, transfers, io prior assessment, limb				- 1
,	•	The state of the s	- !			- 1
Me	dical record review of	8 Care Plan rings	}	lifts, and overlants, alarms, us	sing	- 1
atta	ched thish stee	"" "" Brode chair with	- 1	to ensure care plans were follow	airs	- 1
Stra	DS Are compatt.	y vseensure thinh	- 1	Plans were follow	ed. ∫	- 1
l alar	in on at all times	ed and securedclip		3) Beginning 12/1/13 the	- 1	- 1
Chai	ir/bed"	ען וופווופטע וריייי	, ,	UU17/1411F0186 C	İ	- 1
1					ts'	1
Obse	ervation on November in the Activity Room			are plans for any resident with	-	
a.m.,	in the Activity Room	r 13, 2013, at 10:35 revealed the resident			}	- 1
∦na E	Broda chair with thigh	Straps in place		sed for transfer, and overlap tray n geri-chair for 3 months or until		l l
Revie	W of a familie	יייייייייייייייייייייייייייייייייייייי		API approves a downths or until	()	.]
27. 20	013, at 4:20 h	ration dated September	п	conitoring. (See Attached) #5	i	j
to be	VIDO On loft elde to de-	- resident noted		5 (Mached) #5	İ	1
(Whee	chair) codeson	will of AALC	4)	Beginning 12/30/13 the DON		- 1
(8gt)	righ straps loose res	(resident) able to			an l	1
i	4-14-1611	. 1	1 10	onitoring at the QAPI Committee		
intervi	ew with the Director on the property of the pr	d'Atrian I			·	1
Novem	nber 19, 2013, at 3:10	P.M. in the				
	m, confirmed the fact Provious Versions Obsolete	liv had falled to	į ^{yu}	arterly Governing Body meeting.	.	

			52125642 >>	
STATEM	TERS FOR MEDICARE & MEDICAID SERVICES ENT OF DEPOSENCES IN OF CORPECTACES			P 37/67
1200	IN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	O(n) ex-		PRINTED: 12/05/2
1	MUMBER!	A. BUILD	TIPLE CONSTRUCTION	OMB NO. 0938-0
NAMEO	F PROVIDER OR SUPPLIER 44E200		ing_	(AV) DATE CHES.
LAMOR	THE CREUPPLIER	B. WING		COMPLETED
	LBROOK SANITARIUM		STREET ADDRESS, CITY, STATE, ZIP CO	444
(X4) ID PREFIX	SUMMEDVET	- 1	114 CAMPUS DRIVE	11/20/2013 DE
TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING RECORD		DATTON, TH 37321	•
-	REGULATORY OR LEC IDENTIFYING INFORMATION	PREFIX		
F 323		TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	COMPLETION COMPLETION
ا میں ،	Continued From page 33		DEFICIENCY)	ROPRIATE DATE
- 1	the thigh restraints correctly and the resident fell out of the chair.	F 323		
		!	1	
- 1	Resident #31 was admitted to the facility on	. [1
, , ,	」」が はなる (1)			
į į v	Congestive Heart Failure, Depression, Cerebral	- 1		
		1	•	
İŝ	fedical record review of the MDS dated	.		
110	no and share at the property of the continues.	- 1		
		- 1		1
ne	replaced and serious occurred 1-3 delegal and	1		
tru	quired extensive assistance for all ADL's, and restraint and chair to prevent from rising.	- 1		
		- 1		
Ser	tember 2 review of the Care Die	- 1	•	
use	otember 9, 2013, revealed clip alarm will be when up in chair for resident safety	1		1 1
Rev	love ne . c	- 1		1
16,	iew of a facility investigation dated November 2013, revealed "resident observed in floor in	- 1		
front	of w/c (wheelchair)"	- 1		
Ohse	itimila and a	1		
a.m.,	in the Activity room revealed the resident	1		1 1
sitting	Total of the state of the	Ţ) i
1 44 전환자	in a wheelchair with a scott me resident			
	alarm.			
Intervi	alarm.			
Intervi	alarm. ew with the Assistant Director of November 19 19 19 19 19 19 19 19 19 19 19 19 19			
Intervi (ADO) the Nu	alarm. ew with the Assistant Director of Nursing Ise's Station revealed the resident			
Intervi (ADON the Nu	alarm. ew with the Assistant Director of Nursing Ise's Station revealed the resident			
Intervi (ADO) the Nu have a when the	alarm. ew with the Assistant Director of Nursing N) on November 19, 2013, at 1:05 p.m., at clip alarm in place on November 16, 2013, re resident fell out of the wheelers.			
Intervieus Intervieus	alarm. ew with the Assistant Director of Nursing Y) on November 19, 2013, at 1:05 p.m., at clip alarm in place on November 16, 2013, the resident fell out of the wheelcheir. w with the DON on November 10, 2014			
Intervieus Intervieus	alarm. ew with the Assistant Director of Nursing Y) on November 19, 2013, at 1:05 p.m., at clip alarm in place on November 16, 2013, the resident fell out of the wheelcheir. w with the DON on November 10, 2014		_	
Interview 1:08 p.n facility halarm.	ew with the Assistant Director of Nursing N) on November 19, 2013, at 1:05 p.m., at 1:		-	
Interview 1:08 p.n facility halarm.	alarm. ew with the Assistant Director of Nursing I) on November 19, 2013, at 1:05 p.m., at Ise's Station revealed the resident did not clip alarm in place on November 16, 2013, ine resident fell out of the wheelchair. w with the DON on November 19, 2013, at in., at the Nurse's Station confirmed the ad failed to follow the care plan for a clip			
Interview 1:08 p.n facility halarm.	alarm. ew with the Assistant Director of Nursing I) on November 19, 2013, at 1:05 p.m., at Ise's Station revealed the resident did not clip alarm in place on November 16, 2013, ine resident fell out of the wheelchair. w with the DON on November 19, 2013, at in., at the Nurse's Station confirmed the ad failed to follow the care plan for a clip ewicus Versions Obsoleis Event Extent	Facility ID: TN72		

STATEM	ENT AC PARTY	DC0547PM13501 1AND HUMAN SERVICES & MEDICAID SERVICES		652125642 >>	P	38/6
AND PLA	NOF CORRECTION		Contracti		PRINTED: FORM,	
		IDENTIFICATION NUMBER	(A2) MU	TIPLE CONSTRUCTION	CHID INC.	093a.
NAME O	5.000 m	44E200	ì		I(X3) DATE	SURVE
	F PROVIDER OR SUPPLIER		B. WING	···	1	
LAURE	LBROOK SANITARIUM		T	STREET ADDRESS; CITY, STATE, ZH	11/20	<u>)/2013</u>
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	- 1	114 CAMPUS DRIVE	CODE	
PREFIX TAG	REGULATORY OF	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	10	DAYTON, TN 37321		
		IVENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	ORRECTION	
F 323	Cantianna			CROSS-REFERENCED TO THE DEFICIENCY)	TK POPULULA I _	(CO) STAD
	Continued From page	34				owid
ļ	Resident #36 was add	nitia de la la	F 323		-	
- 1	March 7, 2011, with di	nitted to the facility on agricultural repetition of the state of the			1	
j	Edema, Anxiety, Hype Seizures, and Muscula	agnoses including Cerebral riension, Diabetes Mellitus, it Atrono.				
	Medical record review	of a MDS dated	į		i	
1.0	Roderately Impales of	Wealed the resident was			}	
	ehaviors, and totally di	dally decision making, no spendent for all Activities	\$		1	
j	AULS	TO AN ACTIVITIES	- 1		l	
M	ledical record review of are instructions no det	f the Dooldson m	Í			
To the	are instructions no dat	f the Resident Plan of e revealed " Transfer: 2	- 1		ļ	
	.,,	1904W	1			
Re	view of a facility invest 13, revealed the reside	ligation dated total]	- 1
sid	e rall dudno a terrando	int's foot caught in the	İ		j	- 1
Alc	les (CNA).	by two Certified Nuise	1		į	- 1
Ob:	Seivation on Novemb		- 1		i	- 1
in t	le resident's room revident to be	7 14, 2013, at 1:55 p.m.,	- 1		- 1	- 1
955	isking the resident to bi	ed with a im			1	- 1
Inte	Mew with China and	. 1	- 1		1	
2:00	p.m., in the resident's transferred the resident	Toom revealed the	- 1		ĺ	
I accid	ent on take and	In at the time of the	ĺ		-	- 1
staff	tent on July 5, 2013. T falled to use the lift "it	ne CNA confirmed the	1			
Inten	lieu with the are.	ייים אייירסוי,	j	•	ļ	
reves	riew with the ADON on ded the facility had fall fer.	November 15, 2013,			j	
। विकास	er.	onsure a safe			1	1
Resid	ent #49 was admitted				1	
Augus	it 20, 2013, with diagnation with Behavior	to the facility on	i		1	
neme:	ntia with Behaviors an	d Hypertension.	-		1	1
	Previous Vocalons Obooleto		1		İ	1
	A A A A A A A A A A A A A A A A A A A	Event Distovis			ı	1

STATE	ERS FOR MEDICAR	D00547PM13501	;	652125642 >>	p	39/67
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION				PRINT	ED: 12/05 m
1		IDENTIFICATION NUMBER	LAMEDING	RTIPLE CONSTRUCTION	FO!	RM APPROL
		1	A. BUE	DING		W_0938-0
NAMEO	F PROVIDER OR SUPPLIER	44E200	B. Wing		ina) c	ATE SURVEY OMPLETED
LAURE	DOMANA		D. WING		1	44 6 E.D.
	LBROOK SANITARIUM		ļ	STREET ADDRESS, CITY, STATE.	- 1	1/25 ma
(X4) IO	BLANCEDY		- 1	114 CAMPUS DRIVE	ZIP CODE	1/20/2013
PREFIX	EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING INFORMATION		DAYTON, TN 37321		
	, was trioky on Ca	MUST BE PRESEDED BY FULL CIDENTIFYING INFORMATION)	PREAX	DUNIBORE		
		The state of the s	TAG		CORRECTION	000
F 323	Continued From page			CROSS REFERENCED TO T	אמ משטעוניייי אייי	COMPLETION
j	Medical second	35	1		y)	CATE
- 1	August 20 2010 Teview	of a quarterly MOS dated	F 32	3		
			ĺ	1	-	
1 1	MEGASION MARKS	TO THE POST OF THE STATE OF THE	1	ļ	}	
1 1	DUDERVIEWER KAR	TO VENTY. TOTAL MAN	1	1	[
	physical assistance for	And and one person		1	5	
ſ	**	. Jan 18 51	1	I	;	
l Pi	record review	of a Physician's Telephone	1	!	į	1
	roer dated November	of a Physician's Telephone 6, 2013, revealed "May			!	i
ne i	sident potest with ove	5. 2015, revealed May riap tray as needed for			;	- 1
			ļ		ļ	- 1
M	edical record unda	a care plan intervention	i		1	1
da	led November 5 304	a care plan intervention	1		i	- 1
			- 1		. [- 1
he	eded consent signed	overlap tray for safety as	- 1		i	- 1
500	ilian a a		1		1	- 1
9. 2	view of a facility invest	gation dated November	- 1		i	į
dini	1013, revealed the resing room in the Geri-cr	dent was citize to the			ļ	
resi	ng foom in the Geri-ci dent in the floor next to	lair. Staff found the	,		ĺ	i
			1]	1
! INTAL	Withian and the second	1	Į		Ì	- 1
at 3:	55 p.m., at the Numer	n November 19, 2013	- 1			
			}		-	- 1
oven	ap tray in place at the	time and not have the	Į			- 1
Í Inéa-	dans ar	mue or me (all'	- 1		- 1	- 1
4:00 -	lew with the DON on I	Vovember 19, 2013, at	- 1		ļ	- 1
facility	m., at the nurse's St had failed to follow a	ilion confirmed it.	- 1		}	- 1
			ĺ			- 1
1 7 4 7 7 10 1	шоп ору в тр	(MII 101 1MII	1		į	
Sately	DO NAME OF THE PARTY OF	VIUOL for recident	1		İ	- 1
		1	1		İ	1
PRATES	(m)(1) FREE OF MED OF 5% OR MORE	CATION ERROR	E 220		İ	
1	- * • 	i i	F 332 F 3	32 483.25(m)(1) FREE O	_ 1	- 1
I ne fac	ility must ensure that i	t to from ac	ME	DICATION ERROR RA	r l	1
aoica)	tion error rates of five	Dercent or order	OF	5% OR MORE	TES	1
TATOR AND	evious Versions Obsolete	and or greater,	1	OWMOKE	1	- 1
	evious Versions Charles				. 1	1
901(02-98) PA	44 44 44 44 44 44 44 44 44 44 44 44 44	The state of the s	_		' 1	- (
≈01(02-98) PA	444012 002000	Event ID: 11CV11	Facility ID: TN	Park .	· 1	1

STATEL	ENT OF STREET	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES			Film ss. co	P 40/6
AND PLA	N OF CORRECTION				~K!N]	ED: 12/0
		DENTIFICATION NUMBER:	(XS) MIT	TIPLE CONSTRUCTION	OMB	RM APPR NO. 0938
			A BUILD!	NG	loxa	DATE SURV
NAME O	F PROVIDER OR SUPPLIER	44E200	B. WING_		1 7	COMPLETED
i Atime	A STATE OF THE RESERV		D. WING		ł	
	Lerook sanitarium		- 1	STREET ADDRESS, CITY, STATE, ZIP C	/ 2	1/20/201
(X4) ID	Signatura		j j		ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
·	REGULATORY OR LS	EMENT OF DEFICIENCIES WUST BE PRECEDED BY FULL DEATHY WIG INFORMATION)	PREFIX	Parada		
-		THE STANFOLDING	TAG	PROVIDERS PLAN OF COR LEACH CORRECTIVE ACTION OF OROSS-REFERENCED TO THE A DEFICIENCY	RECTION	. Av.
₩ 339	Cantle			DEFICIENCY)	PPROPRIATE	COMPLET
	Continued From page	36				i mur
	j '	•	F 332	1) For Residents # 28 the Doctor was notified and		-
j			į	Doctor was notified of the	Wedical	12/25/1
I	This REQUIREMENT	t., .	j ;			1
į	ph:	is not met as evidenced	!	insulin error on November and for Resident # 1941	the	1
1	Dased on phase		! !	and for Resident # 10	18, 2013	Ì
- 13	railed to appropriately:	and interview, the facility diminister medications in	<u> </u>	Doctor was note 10 the M	Aedical	
	WO Of SWARHLOWING	THE PROPERTY OF THE PROPERTY O	i í	medication error on Novem 2013.	i	
, ,	7.4% medication error	rate.		2013 Novem	iber 19 j	
	he findings included:		į		ľ	
		ſ	ı	LPN#2	- 1	
jç	bservation on Navaria	per 19, 2013, at 7:40 a.m.,	j	LPN # 2 & # 3 were individed aducated on Medication propand checking expired.	ually re-	
jre	evealed Licensed Pract Iministering medication	er 19, 2013, at 7:40 a.m.	1	and checking	tocols	
			. 1	and checking expiration date to administration of de-	S prior	
20	onlinued observation re iministered Novolog (se	Pyealed I DN #5		to administration of drugs by Director of Nursing.	the	
ธน	Iministered Novolog (in boutaneously Info resid	sulin) 4 units	ı i	- value.	j	
- 1	A A (49)C	ent #28's last area	[]	2) On 12/3/13 the Door	!	- 1
I Me	Cical research	ſ]]	2) On 12/3/13 the DON and/o	or the	- 1
1 2	ysician's Recapitulation Vovolog (insulin)injer	Orders to 2013	l p	Vursing Supervisor observed lass with all licensed nurses to	med	- 1
Suf	Novolog (insulin)injec	4 6 units	/ e	nsure that Madiani	0	- 1
(dia	icutaneously in the mo betes)"	rning related in DIAP	f 47	WIIIIIISTRATION IN T	1	
			j po	dministration is being conducted medication protection	cted	- 1
Inte	rview with LPN #1	dana	Co	er medication protocol and in	ı į	- 1
7:55	rview with LPN #3 on N a.m., in the hallway or not receive the correct	2013, at	ſ	r-and of physician order	s. j	- 1
DIG 1	not receive the correct	dose of inculto	; T)	le Director of Xx	- 1	- 1
Oho	antolian	we utomitil."			1	
in the	dining room November	18, 2013, at 3:50 p.m.	lic	ensed nursing stars	ed all	l
1 INUIS	A ((DAN 40	- ACTION LINGUISM	reg	tarding Medianti	3	
「打ちたけげ	In fort makes to be at	Y WIND OF HUMOIDA I	Ad	ministration Protocols and	İ	- 1
Conti	BURN Choosestle	462M6UL\$18	che	cking every	ļ	[
labele	od opened October 12,	and the insulin was			es.	ſ
,		~V13.	aho	nursing staff not attending the ve in-service must be the service	ne	1
THEN	iew with LPN #2 on No	Vember sa sous	Sem	ve in-service must attend an	in_ i	1
Humai Amai	in the dining room log insulin was lebeled	confirmed the	N	rice conducted by the DON o	r	ļ
ADVIDE DAY	og Insulin was labeled	opened October 12	to -		ina j	1
~~(væ-88)	Provious Versiens Obselete	Event ID: 11CV12			ang 1	- 1
			Focialy ID: Th			ſ

STA	ENI	ERS FOR MEDICARI	DC0547PM13501 IAND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>		P 41/6
AND	PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			PRINT	ED: 12ME
1			WENTIFICATION NUMBER:	(X2) MUK	TIPLE CONSTRUCTION	OMB N	RM APPRO 10. 0938-
h	•••		A ====::	A. BUILD	NG	((44))	ATE SHOWN
NAI	Æ O	PROVIDER OR SUPPLIER	44E200	8. WING		و ا	OMPLETED
LAI	IRE	LEROOK SANITARIUM			STREET	- 1	
	_				STREET ADDRESS, CITY, STATE, ZIP O	ope 1 1	1/20/2013
PRE) IO	SUMMARY STAT	MENT OF DEFICIENCIES		DAYTON, TN 37321	-	
	G	REGULATORY OR LSO	MENT OF DEFICIENCIES RUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	10	PROGRAM		
			INCLINATION INFORMATION!	FREFIX	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE AI DEFICIENCY)	RECTION	7
F 4	130	On mot			DEFICIENCY)	PPROPRIATE	COMPLETIO
•	,	Continued From page	37	1			bure
	- [insulin was opened.	expired 28 days after the	F 332	3) The Director of Nursin	g/Nursing	-
	- 5	· · ·		1			i
	ļ	Observation on Noven	nber 18, 2013, at 3:53 p.m.,			monthly	1
		revealed LPN #2 enle	iber 18, 2013, at 3:53 p.m., red resident #18's room	,]	basis for compliance with	······································	
		12, 2013.	red resident #18's room in labeled opened October	,	medication protocols. This monitored for 3 months or a substantial community.	will be	
	- 1			j i	substantial compliance.	until ¦	
		nterview with LPN #2 (n November 18, 2013, at	i 1		į	
	1 10	IS/ Bip Aveler are	TO THE COMMISSION IN		4)) Beginning 12/30/13 the	DOLL	
	th	ie insulin the I PN had	nt's room confirmed the after being opened and prepared to administer		will report the outcomes of	DOM	
	W	as expired,	prepared to administer	1		e O A DY	- 1
		feridous add. ac			Committee meetings. The	CAPI	ſ
	No	terview with the Consu exember 20, 2013, at 4	Itani Pharmacist on 2:30 p.m., by telephone	i	* ************************************	. [
	l co	filmed Live at	Eigu P.Mi. by Islanhana i	ĺ	ALUMIOTHE CHACA-]	1
	DC	ened, the expired insu- stency," and the tisk of	in would loose it's	ĺ	quarterly Governing Body m	ceting.	
	O ri	ek of hista in	PARIFEC INSUIN WADIN L.	į			- 1
333	AR.	1 25/m 1/21 mma	* 1] `		ļ	
SEE	210	NIFICANT MED ERR	DRS	F 333 F	333 492 254	į	- 1
1	The	facility must an annual	1	F	333 483.25(m)(2) RESIDEN	TS (12)	25/13
- [:	any	significant medication	at residents are free of	Æ	REE OF SIGNIFICANT M RRORS	ED ,	
ĺ			enors,	ſ		<u> </u>	
- /2	hls	REOLIDERATE -		1)	1) For Residents # 28 the Me	<u>, </u>	1
į	y.	REQUIREMENT Is n	of met as evidenced	Į Do	octor was notified of the	dical	-
- ! 1	Bası	80 nn ahean ar	. 1	,	ALLUALION PARAMETERS]	
10	alled	to prevent significant #28, #18) of four meld	medication errors to			013	ļ
; (C)	edic	#28, #18) of four residential administration.	ents observed for	Do.	i for Resident # 18 the Medica		1
- 1		I lead a second second					1
11	oe fi	ndings included:		201	dication error on November 1:	9.	
ام	Sec	Valida on Maria		1 -01	**	· j	- 1
_}		valion on November 1 ed Licensed Practical	9, 2013, at 7:40 a.m., Nurse (LPN) #3	İ		1	
2557(0)	(98-2	Previous Vereisna Obseieta		1		ļ	- 1
	-		Event ID: 116V1	Facility ID: T	The same of the sa	ì	- 1

STATE	ENS FUR MEDICARI	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		3652125642 >>	PROLL	P 42/6
AND PL	ENT OF DEFICIENCIES UN OF CORRECTION	I (A)) FROVIDED OUT TO THE LAND.			PKINJE. FORI	VI APPRO
ĺ	i a may haply	IDENTIFICATION NUMBER	(X2) A4J1	TIPLE CONSTRUCTION	OMB NO	0938
		ĺ	A BUILOU	NG	(CX3) DA	TE SUbve
NAME :		44E200	- 1		CO	MPLETED
	PROVIDER OR SUPPLIER		B. WING		- 1	
LAURE	elbrook sanitarium		7~	STREET ADDRESS, CITY, STATE, 2IP CODE		20/2013
			1	114 CAMPUS DRIVE		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEPICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OD I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYED	10	SPOURS -		
		MUST BE PRECEDED BY FULL C (DENTIFYING INFORMATION)	PREFIX	PROVIDERS FLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE	ION	
		***************************************	1 /20	CHOSS-REFERENCES TO THE SHOUL	LDBE	COLETETY
F 333	Continued From page		Ţ	DEFICIENCY)	MKIATE !	DATE
	administration page	38	1 .c one		·	
	administering medica Continued observation	tions to resident #28.	'F 333	[4/4 J1 # / /7 # 7	İ	
	2dministered Name	Lievested TbV #3]	educated on Modificational	ly re-	
	administered Novolog subcutaneously into n	(Insulin) 4 units	<u> </u>	educated on Medication protoco and checking expiration dates p to administration of	ols !	
į	The state of the s	saluent #28's laft arm,	1 1	to administration dates p	rior !	
Ì	Medical record review Physician's Recapitute	of the November and	1	to administration of drugs by the Director of Nursing	e j	
i	Physician's Recapitula	don Orders revealed	[Director of Nursing.	-	
- 1	Novologinject 6 ur	don Orders revealed hits subcutaneously in the	[[For the manual and	!	
- 1	morning related to DIA	B (disbetas)"	!	For the month of December LPN and LPN # 3 will be	J#2 ;	
					112	
- 1.	7.65 a my in the 1.43	on November 19, 2013, at			Í	
	gid not receive the USIMB	y confirmed the resident	1	mount incorporations	ſ	
- 1	did not receive the com	ect dose of insulin.	[administering the drug,	1	
Į		İ			1	
0	Observation on Novemi	per 18, 2013, at 3:50 p.m.,	1.	2) On 12/3/13 the DON and/or th	!	
1	the dining room reveal lurse (LPN) #2 prenave	iled (2073, at 3:50 p.m.,			ie	
	lurse (LPN) #2 prepare sulin for administration	d 10 units of Humalan			d	- 1
[2	sulin for administration on tinued observation	for resident #18	18	ensure that Medication	İ	
la	ontinued observation nibeled opened October	evealed the insulin was	12	Administration in the	İ	
- 1	- (140 EU (\$,	1.	Administration is being conducted	di ¦	- 1
į in	iarview with I pay 40				i	- 1
3:	50 p.m., in the dining rounding makes in the dining rounding insulin was list.	November 18, 2013, at	1	compliance of physician orders.	1	- 1
/ Ht	imalon boulle week	Attricommissed the	Т	he Director of a		f
20	13, and the insulin exp rulin was opened	red 28 days -4-4	1 2	he Director of Nursing and	1	- 1
ins	ulin was opened,	and sufficient	, .	ualliacy Conculture :	all f	ŀ
1	A A MARK AND A STATE OF THE STA		•		_	- 1
-	servation on Novembe	r 18, 2013, at 3:53 p.m.,			}	1
I GV	ealed the LPN entered	resident #18's room	A,	dministration Protect	-	j
	- A CANADA PARTIES (I	expired nine days ado).	01	CONTRE EXPLISATION AND	ĺ	ı
l inte	Priew with I DN 4/2					į
3:5	Prview with LPN #2 on to 3 p.m., in the resident's Illin extired 28 days -6	vovember 18, 2013, et	1	TYPE MEDICAL VICES TO LICE THE TAIL TO THE	j	ł
insu	lin eyhirad 20 day	room confirmed the	1 00,	TAVO COMMINICADA MATAL - TAMAS		- 1
the	insulin the LPN had pre expired.	broned to select the	Nu	ursing Supergreent a	}	1
Was	expired.	Parao to administer	to	using Supervisor before reporting work.	<u> </u>	1
ı	•	}	"	,, Cana	1	
inter	view with the Consulte	nt Pharmacier on	1		1	
2507/02.0	(9) Province Versions Obsolete	- Contractor Ott	i		ì	1

	OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(K3)	RM APPROVIO. 0938-03
NAME OF PO	OVED OF	44E200	B. WING	·· ·	1	OMPLETED
	OVIDER OR SUPPLIER					
LAURELB	ROOK SANITARIUM		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
(X4) ID PREFIX	SUMMARYSTAT	EMENT OF DEFICIENCIES	 	DAYTON, TN 37321		
TAG	REGULATORY OR LS	EMIENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION ULD BE OPRIATE	COMPLETIO DATE
		•		*		
	:	· .	:	3) The Director of Nursing/Nurs Supervisor/Pharmacy Consultant will observe med pass on a month		
				medication protocols. This will be monitored for 3 months or until substantial compliance.		
	·	· .		4) Beginning 12/30/13 the DON will report the outcomes of Medication monitoring at the QAI Committee meetings. The Administrator will report monitoring outcomes at the		
				quarterly Governing Body meeting	g.	
	,			· · · · · · · · · · · · · · · · · · ·		
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				···		
			.			

- 39a

STATE	TERS FOR MEDICARE & MEDICAID SERVICES AENT OF DEFICIENCIES AN OF CORRECTIONS AN OF CORRECTIONS AN OF CORRECTIONS AND OF CORRECT	·	652125642 >>	p	43/6
AND PL		———		PRINT	ED: 12M
1	DENTIFICATION NUMBER:	(X2) Mg	LTIPLE CONSTRUCTION	FO	RMAPP
	}	A. BUILL	NOITOURTRUCTION DANK		<u> </u>
NAME	OF PROVIDER OR SUPPLIER	B. WING		(~°)	ATE SURV
LAUR	ELBROOK SANITARIUM	2 45 16 G			
		- 1	STREET ADDRESS, ONLY, STATE, ZIP COD	1	1/20/201
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRESENTED.)	1	114 CAMPUS DRIVE	E	1
TAG	GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING IMPORTANT	10.	DAYTON, TN 37321		
	REGULATORY OR LSC IDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORDE	*************	
F 333		TAG	CROSS-REFERENCED TO THE	OFD BE	COMPLET
. 333			PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ROPRIATE	CATE
		F 33:			1
i	confirmed Humslog insulin expired 28 days after pened, the expired insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insulin would lead at the confirmed insuling the confirmed		1	ï	, :
	NOTOTAL SANIEL IN THE STATE OF THE		1	i	
Enc.	A first as Like 1 . "." " " YADIROO Intuitia			ļ	
95-0				}	
1	i	F 354	F 354 492 201	į	
- [1	Except when websers	1	F 354 483.30b) WAIVER RI	V e .	21 1.0
- [1	Except when waived under paragraph (c) or (d) of itis section, the facility must use the services of a little of the services of the s	i	HRS 7 DAYS/WK, FULL-T	TMTE !	2/25/13
		- 1		,	
	, say, cake a Meek"	- 1	1) Effective 11/22/12	- 1	
ĮΕ	XC9pt when walved	-	1) Effective 11/23/13 the all RI in-serviced on the receiver	N's	
į th	xcept when waived under paragraph (c) or (d) of gistered nurse to serve as the server	[RN coverage Til Toquirement	for	
		- 1	Communicate Will		i
			communicate to the Administrative when staffing does not	tor	- 1
Th	B disaster as	- 1	when staffing does not meeting minimum requirement of an RN 24 hours.	the	- 1
กน	e director of nursing may serve as a charge rse only when the facility has an average daily supancy of 60 or fewer residents	- -	24 hours.	per	- 1
1000	Supancy of 60 or fewer residents.			ĺ	- 1
- 1	1	1	2) Beginning 12/1/13 the	ĺ	- 1
This	s REQUIREMENT is not met as evidenced			أ عماد	- 1
Dy:	nei as evidenced	C	he schedule daily to ensure RN Overage, Staffing and ensure RN	WK	- 1
the	sed on review of facility staffing and interview.	1 00	overage. Staffing schedules will ompleted at least 2 weeks.	he l	l
		ac	ompleted at least 2 weeks in	36	ļ
fourt	een days reviewed.	fir	vance to ensure adequate time to ad RN coverage.	,	- 1
	.	i	8	j	
	Indings Included:	3)	The Administrator will meet		- 1
Revie	w of facility staffing from November 3-18,	Wi	th the DON to review staffing	1	}
2013,	revealed a Registered Nurse was not on or eight consecutive hours on November 3-18,	j sch	edules on a weekly basis for 4	1	1
2013.	or eloti conceasion.	We	eks to discuss any staffing issues	1	- 1
			John January 1880es	. [- 1
Intervi	ew with the Administration			1	- 1
	ew with the Administrator on November 20,			Į	1
67(02- 0 9) (Provious Voisions Observed	1 .		1	1
	E4001 (17) 14(1)//	Facility in a		ł	- 1
		Facility it: TA	7201 If condition shee	_1	- 1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		AIME IA	M APPROV O. 0938-0: ATE SURVEY
		44E200	B. WING_		Co	OMPLETED
	OVIDER OR SUPPLIER			· · · · · · · · · · · · · · · · · · ·		
	ROOK SANITARIUI	М	4	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
(X4) ID PREFIX	SUMMARY STA	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	T ID	DAYTON, TN 37321		
TAG	REGULATORY OR L	F MOST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N DBE RIATE	(X5) COMPLETIO DATE
				i		
.				4) Beginning 12/30/13 the DON	į	
1	:]	"44 IGDOR THE OUTCOMAS	, l	
	<u>.</u>			of staffing at the QAPI Committee meetings. The Administrator will	•	
1				~~PVII 440111011110 01110000000 / /1	[
1		·	-	quarterly Governing Body meeting	. {	
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1			}	· · · · · · · · · · · · · · · · · · ·	- }	
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2507/00 00) 5	Previous Versions Obsole		ľ		1	

STATEM	TO A LOUIS OF THE REAL PROPERTY OF THE PERSON OF THE PERSO	E & MEDICAID SERVICES	0(552125642 >>	P 44/6
ANDPL	EN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA (DENTIFICATION NUMBER:	l over		PRINTED: 12
1		NO NOMBER	A BUILD	LTIPLE CONSTRUCTION	OMB NO. 093
NAME C	OF PROVIDER OR SUPPLIER	44E200			(X3) DATE SUR COMPLETI
LAURI	LEROOK SANITARIUM		B. WING		,
			- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	11/20/20
(X4) ID PREFIX	SUMMARY STAT	EVENT OF DEFICIENCIES	_ 1	114 CAMPUS DRIVE DAYTON, TN 37321	
TAG	REGULATORY OR US	EMENT OF DEFICIENCIES RUST BE PRECEDED BY FULL RUST BERTIFYING INFORMATION)	10		
		 :	PREFIX	PROVIDERS PLAN OF CORRECT JEACH CORRECTIVE ACTION SUC	TION
F 354	Continued From page			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE COMPLI
			Eac		DAT
ļ	confirmed there was r	the Administrator's office lot a Registered Nurse on live frours on New York	F 354	1	
- 1	SOUND TO BIGHT COURACT	tive hours on Alexander		j	}
F 406	マンタ・サンドン トラン・フィー・デ	DTAIL TO THE PARTY TO		1	ļ
•		•	F 408	F 406 483.45(a)	}
- 1	f specialized rehability	ive services such as, but		LKOAIDE/ODD	12/25
1	lot limited to, physical t	ive services such as, but herapy, speech-language therapy, and more	- 1	" #UIALIZED Des.	1 6 6 5 1
j F	ealth coupational	therapy and manage	- 1	SERVICES REHAB	į
			- 1	1) Effective 11/02	}
m	ust provide a prehensiv	e plan of pare the	- 1	1) Effective 11/23/13 residents admitted to facility a	1
re	quired services from an cordance with §483.75	e plan of care, the facility d services; or obtain the	- 1	admitted to facility for PT/OT/S] with no insurance will be treated upon admission if	LP
80	cordance with §483.75 covider of specialized re	(h) of this partice (in		upon admission if ordered by	}
1	ovider of specialized re	habilitative services	1	physician.	1
				An in-service was	į
by:	s REQUIREMENT is I	not met as evidence	1	An in-service was conducted with icensed staff, social services, and dmission staff by the	:all ∫
Ba	sed on medical record interview, the facility fa	Continue	(a	dmission of co.	j
IORGA			ad	a following doctor's orders on	! !
revie	wed for one resident (# wed for rehabilitative s ents reviewed.	ervices of the	l un	able to meet al	, i
		windy-one	the	able to meet the resident's needs physician will be notified.	; 1
The f	indings included:		1	an be monthed	-
1			adv	No resident will be denied	1
Resid	ent #53 was admitted t 3, with diagnoses inclu	a 41 - a - 11			1 1
3, 201 Hema	3, with diagnoses inclu nhage, Chronic Respir	u ine facility on July	stat	ir needs regardless of financial us.	1
Hyperi	o, with diagnoses incluninge, Chronic Respirension, Arxiety, and A	atory Failure.	J		
1	Washing the	YN3812.	3) E	Effective 12/1/13 the	
admiss	i record review of the i	shysician's	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	44418779fA++	1 1
!	Anion noth?	, 2013, revealed	phys	ission for compliance with	
67(02-99) p	lovious Versions Obsolete		Week		1 1
		EVENT ID: 11CV11	OCENY ID: TAY		1 1

Statem	PATT OF DECISION OF	DC0547PM13501 1AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	P 45 PRINTED: 12 FORM ARC
and bro	N OF CORRECTION	(X1) PROVIDERSUPPLERICLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	OMB NO. 093
NAME O	E PROVIDER OR SUPPLIER	44E200	1	10	(X3) DATE SUF COMPLET
			B. WING	COOL	1
	LBROOK SANITARIUM		1	STREET ADDRESS, CITY, STATE, ZIP CO 114 CAMPUS DRIVE	11/20/20
(X4) to PREFIX	SUMMARY STATE	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYME		DAYTON, TN 37321	
TAG	REGULATORY OR LOC	HUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORE	ECT/ON
~ 44-			TAG	AUTOO WELEBENGED AND TOTAL	HOULD BE COMP
r 406	Continued From page	41			PROPRIATE DA
	(PT)/Occupational Th	ollity Physical Therapy	F 406	4) D	
1	(ST) Evaluation and T	cility Physical Therapy Stapy (OT)/Speech Therapy realment par facility "		4) Beginning 12/30/13 the I	DON will
	Medical roperty and	أخما	ļ	physician orders on mon	itoring
,	Note dated July 8, 201	of a Restorative Program 3, revealed "increased			1
1.4	AROM (pertus manas -	- (reit) side, decreased	!		
	passive range of motion	motion), and PROM in) in L side extremities			
140	Coendant firmation &	A pased and totally	į	outcomes at the quarterly Go Body meeting.	verning
9	ail and balance. Pt (pa	ded mobility, transfers,	- 1	- G -	İ
l a	DKIAPlant DT	CONTROLLE DE MONTOS	j		
lîn	SUCADOR 21 Page 1	as approved by			į
10:	are, the fallous	use restorative			ļ
ex	copyright of the state of the s	bilityLAFO L wrist]
Me	idical record recions at		1		1
(M	idical record review of DS) deted July 11, 201	the Minimum Data Set 3, revealed no Physical			,
The	erapy, Occupational Ti- erapy,	lerapy, and/or Speech	,		1
- 1		į.			1
11,	2013, revealed physics treat.	he Care Plan dated July			
and	treat.	n merapy to evaluate	-		1
Med	ical record review of a	Restoration to-			
treat	Ment completed	evesied the first			
the h	nilial evolutions per pi	Tysical therapy after	1		
order	(twenty-seven days at	iter the physician	}		
ı	•	į.			
thera	oal record review revea by notes,	sied to occubational			j 1
			1		
07(D 2-09)	Previous Versions Obpolete	Event 10:11CVII	1		

STATELOS	ERS FOR MEDICARE	DCU547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		652125642 >>	PPAC	P 46/6
AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB N	ED: 12/05 RM APPRO IO. 0938
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		į Čč	ATE SURVE
	LBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CO	11	1/20/2013
(X4) ID PREFIX	SUMMARYSTAT	EMENT OF DEFICIENCIES	1	114 CAMPUS DRIVE DAYTON, TN 97321	, AC	
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLANCE COM	ECTION	·
E 400	On the same	_	INS	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AT DEFICIENCY)	HOULD BE PPROPRIATE	COMPLETE DATE
<u> </u>	September 23, 2013, 9/23/13elghty-one d	of the Speech-Language and Treatment Plan dated revealed ",Start date ays after physician order"	F 406			
8 8 8	Observation on November 13, 2013, at 10:30 a.m., in the front lobby revealed the restorative aide exited the building with the resident in a wheelchair to escort to the therapy department in a house next door to the facility.					
po the	epartment revealed the ovided PROM and AR ositioning in the month erapy starting.	of July 2013 prior to		•		
Con plan due (PT	erview with the Physic Vember 13, 2013, at 2 Vember 13, 2013, at 2 Vember 13, 2013, at 2 Vember 13, 2013, at 2 Vember 13, 2013, at 2013, a	led the resident was regram on July 8, 2013, rage for physical therapy lent was August 2, 2013				
reve	review with the Social Worker (SW) on rember 14, 2013, in the Social Worker's Office saled the SW applied for the resident's licald after admission to the facility.					
confe admit reside had n therap	view with the Director imber 15, 2013, at 2:3 prence room revealed lifed with orders for skilled had orders on admost received OT since to was started on Septendous Versions Obsolute	the resident was liled nursing. The ilesion for PT/OT/ST.				
	CTOVIOUS VERSIONS Charles	Event ID:11CV11	1		1	į

CENT	ERS FOR MEDICARI	DC0547PM13501 1 AND HUMAN SERVICES 8 MEDICAID SERVICES	·	3652125642 >>	P 47/6
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	JON PROVIDEDICTION	Den sur		FORM APPO
		IDENTIFICATION NUMBER:	A BULD	TIPLE CONSTRUCTION	——————————————————————————————————————
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		(X3) DATE SURVE COMPLETED
			2, 0,000	OTTOR	1
	LBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CO	00E 11/20/2013
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING WEOPPLATEAN		DAYTON, TN 37321	
TAG	REGULATORY OR LEY	MUST BE PRECEDED BY FULL DEMTIFYING INFORMATION)	PREFIX	CONTRACTOR	
			TAG	ALL PRODUCED ENERGY CONTRACTOR	HOULD BE COMPLETE
F 406	Continued From page	43		DEFICIENCY)	PROPRIATE DATE
ľ	(BIODIV-DDA double accu-		F 406		
	therapy was started o	n July 30, 2013,	1		
ļ	Merview ravested 4	ter admission). Continued	1		į
- 1	COVERED FOR the there	reginant usa ud (uznisna)	1) 	;
- 11	Osident's arimicolan	Ex 13' lenoscave to the	1	·	<u>;</u>
11	שמים שווים	ele of July 3, 2019, The			;
jŗ	to insurance and the o	omission the resident had rders for PT/OT and ST.			; {
i te	D browide constitution	then the facility had falled			-
412 4	83.65/N POLITICAL	AERGENCY DO			}
ss=o _j s	ERVICES IN NFS	A TOCKOT DENIAL	F 412	F 412 483.55(b)	1.1
j T	he nursing facility mus	provide or obtain from	- 1	KUUTINE/EMEROS	12/25/13
ar 84	outside resource, in 183.75(h) of this part	scordance with			
l co	Vered tindes the Chi	voune (to the extent	1.	1) On 11/21/13 the Administrational Security III	ator re-
de	mial services to meet t	he needs of each			
ma	King special-	ary, assist the resident in		on her responsibilities in assist esidents who are in need of D	
l (rai	DSDOMBIECO to new a	o was emissublished for		ervices.	ental
mu	ist promptly refer resid	ents with last or	1	N. 10 m	
Car	naged dentures to a d	entist.		n 12/3/13 an in-service was	
***	PRAIDS	!	n n	ursing staff (DNI - No. with all	
by:	REQUIREMENT IS I	not met as evidenced		nrsing staff (RNs, LPNs, CNA) oncerning residents with missions teeth to report to Santal	ls)
Bas	ed att medical sees.	_	lo	ose teeth to report to Social	ng or
the f	acility failed to provide	review and interview, dental services for one	i -,	" TICCS LITECTAY that it.	Tood
ĺ	,	ta reviewed.	ot !	r Dental Services.	acca
The	findings included:	ļ	2)	Beginning 12/2/13 the MDS	
1			1 00	OLUMBIOT and Social G.	
Septe	dent #50 was admitted amber 21, 2013, with c rtension, Perichard to	to the facility on	,	COLUL TEVIEWAN COM	-11
Hype	riension, Peripheral V	Soular Disease			
Sirol	nic Ischemic Heart Dis	ease, and	1 4404	HULL SCIVICES Trans	nen
567(02-89)	Previous Versions Obselete	Every 10:11CV11	/ 12/	3/13.	ш ! !

STATEL	TERS FOR MEDICARI	1 AND HUMAN SERVICES 8 MEDICAID SERVICES		552125642 >>	FF	48/67
ANDPU	AN OF CORRECTION				FRINT	ED: 12/0:
		IDENTIFICATION NUMBER	(X2) MU	TIPLE CONSTRUCTION	OMBIN	M APPR 10. 0938
	<u>.</u>		I V BUILD	ING	1(不引) ロ	ATE CHES
NAME	OF PROVIDER OR SUPPLIER	44E200	B. WING		G	OMPLETED
LAURI	ELBROOK SANITARIUM				ļ	
			- 1	STREET ADDRESS, CITY, STATE, ZIP CODE		1/20/201
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	-	INCRITETING INFORMATION)	PREFIX	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE AOTION SHOOT CROSS REFERENCED TO THE ADDITION SHOOT CORRECT TO THE ADDITION SHOUT CORRECT TO THE ADDITION SHOUT CORRECT TO THE ADDITION SHOUT CORRECT TO THE ADDITION SHOUT CORRECT TO THE ADDITION SHOT CORRECT TO THE ADDITION SHOUT CORRECT TO THE ADDITION SHOUT CO	TION	-
F 440				THE PROPERTY OF THE PROPERTY O	ULD BE	COMPLET
. 414	Continued From page	44				DATE
	i Lisbauibidamis'		F 412	3) Beginning 12/5/13 the MI Coordinator and Service MI		<u> </u>
	Observation on Nava.	*******	ĺ	Coordinator and Social Service Director will mass	DS i	į
ļ	in the resident's tonm	nber 18, 2013, at 2:23 p.m., revealed the resident had		Director will meet weekly to rany new interventions	e ¦	
1	some missing upper k	eth.		any new interventions put in	eview	
i			i	Resident Con-	i	
- 1	Medical record review comprehensive care	of the resident's	j	are carried out as care planned	needs	
Î.	and revised to	an dated October a cons	j	Paris :	. !	
	FEVRAIDA INA GAATA	TOWN OF OCCUPELY SAKE	ļ	Beginning 12/12/2013 the DON review all revised care plant	· · · · · · · · · · · · · · · · · · ·	
	IN MAINTAN (A) LUL.	THE THE PROPERTY OF THE PROPER	1	review all revised care plans the have been completed by	A MITT	
ď	ntervention of " coord tental care, transportan	inate arrangements for	į	have been completed by the MI Coordinator and sent to the MI	30	
٥	iental care, transportati ordered"	on as needed / as	- 1	Coordinator and sent to the Soc Services Director for	iol i	
j.,	oton dan and a			Services Director for review and initialing. This will	1	
01	November 40 rose	Practical Nurse (LPN) #1	J.	initialing. This will continue for weeks.	4	
				,		ł
t DE		G G CHKMAPH MAJ	[i	- 1
SED AC	33,60(a),(b) PHARMAC CCURATE PROCEDUR	EUTICAL SVC	1		!	[
1		\ ⊆ \$, K PH	F 425		į	į.
Th	8 facility must an an	ıſ	1		}	- 1
dru	igs and biologicals to its in under an agreement	vuline and emergency	İ		- 1	- 1
648	in vinder an agresment	described in	l		1	f
l unli	Censed normania	is racility may person	İ	-	1	- 1
11577	Dermile has selected	West of Son in State	I		- 1	- 1
i subi	ervision of a licensed n	urse.	- 1		i	- 1
Afac	cility much manufacture	1	Ţ		1	- 1
(incl	cility must provide phar uding procedures that a liring, receiving, discen	maceutical services	ţ		1	I
i Bčan	INCHES COMPANY OF THE PARTY OF	Participas 90) Single	.		ţ	- 1
admi	inistering of all drugs ar leeds of each resident.	id biologicales to	}		j	-
in the U	eeds of each resident.	1990 of (storage	ļ		1 .	1
The f	acility must amalan	die e	1		ļ	1
a lice	acility must employ or : nsed pharmacist who p	rovides services of	1		j	}
i		ovives consultation	1			- 1
cos7(02: <u>8</u> 9)	Province Versions Obsolote	Event In.			}	
		Evoni ID: 11CY11	Facility ID: 77		1	1

	OF DEFICIENCIES F CORRECTION	E & MEDICAID SERVICES (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:				FORM APPROMB NO. 0938- (X3) DATE SURVE COMPLETED	
NAME OF PO	OVERD OR STATE	44E200	B. WING_				
LAURELBI	OVIDER OR SUPPLIER ROOK SANITARIUM	·	s	TREET ADDRESS, CITY, STATE, ZIP C 114 CAMPUS DRIVE DAYTON, TN 37321	ODE		
(X4) ID PREFIX TAG	SUMMARY STAT (EACH DEFICIENCY REGULATORY OR LS	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X3) COMPLETA DATE	
							
			:	4) Beginning 12/30/13 the report the outcomes of Soc Services Care Plan monitor QAPI Committee meetings Administrator will report moutcomes at the quarterly Company of the Pody meeting.	ring at the . The		
	·						
-	· .			a .			
			:				

CENT	06 09:52 TERS FOR MEDICARI ENT OF DEFICIENCIES N OF CORRECTION	DC0547PM13501 E & MEDICAID SERVICES (X1) PROVIDERSUPPLIERCLIA	86	52125642 >>	P PRINTI	49/67 ED: 12/05/2
L		WIND WOOD BER	O(2) MUL A. BUILO	TIPLE CONSTRUCTION NG	OMB	M APPROL O, 0938-0: ATE SURVEY
NAMEO	PROVIDER OR SUPPLIER	44E200	B. WING_		, a	OMPLETED
LAURE	LBROOK SANITARIUM			STREET ADDRESS CO.		/20/2013
(X4) ID PREFIX	SUMMARY STATE	EMENT OF DECEME		114 CAMPUS DRIVE DAYTON, TN 37321	ODE	10010
TAG	REGULATORY OR LSC	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX TAG	CONT	RECTION	
F 425	Continued From page		100	(EACH CORRECTIVE ACTION: OROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE PPROPRIATE	COMPLETION DATE
	on all aspects of the p services in the facility.	_	F 425	F 425 483.60(a)(b) PHARMACEUTICAL SV ACCURAE PROCEDURE		14×113
th ar th Th	passed on medical reco the facility failed to provi ntidepressant) to one n irty-three residents rev the findings included; asident #36 was admitted.	esident (#36) of fewed.	E d	1) On 12/3/13 the Administration with the Pharmacy Consultant discuss the deficient practice of Pharmacy Services and expected Pharmacy Services. Effective 12/3/13 if a drug can elivered timely by pharmacy	t to of lation	
Med Rec reve day.	ema, Depression, and dical record review of trapitulation orders date taled Paxil 10 mg (mill)	Anxiety. the Physician's d September 2013 grams) every other	th or real is:	ervices; the charge nurse will a te physician to inform him/her dered drug is not available an quest a possible alternate drug available until the initial ordering can be delivered.	that d	
2013 mouti admir dose	ical record review of a inistration Record (MA) revealed Paxil 10 mg in every other day, circlusterd) on September initialed as given on September initialed.	R) dated September give one tablet by ed (as not 15, 2013 and park	2) of Contained order	On 12/3/13 the Pharmacy nsultant reviewed all new orde MARs for timely delivery of ered drug.	ers	
13, 20 Medics	13).		геро	he DON will add a Quality cator for Pharmacy Services to it monthly on timely delivery	o d	
avanab	al record review of the nber 16, 2013, the Par le from the pharmacy.	a 10 mg was not	resid	rugs needed for administering ents.	to	
Intervie	W With Licensed Practi ember 13, 2013, et 2:2 evious Versions Obsolete	1				
	Annual Austria	Event to: 110V11	English -			1
			Facility ID: TN7	201 If continued	hoot Page 46 of	1

AND PLAN OF CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION AND PROVIDED THE APPROPRIATE CORRECTION	CEN	TERS FOR MEDICAR	DC0547PM13501 HAND HUMAN SERVICES E & MEDICAID OFFICE		8652125642 >>		P 50/6
ALBUREL BROOK SANITARUM ALBURAL BROOK SANITARUM SIMMANY STATE SHOP OF DESCRIPTION BY MALE OF PROVIDER OR SUPPLIES LAUREL BROOK SANITARUM SIMMANY STATE SHOP OF DESCRIPTION BY MALE OF PROVIDER OR SUPPLIES SUMMANY STATE SHOP OF DESCRIPTION BY MALE OF PROVIDER SUMMANY STATE SHOP OF DESCRIPTION BY MALE OF PROVIDER OR SUPPLIES F. 425 Continued From page 46 Conference Room confirmed the Paid was not available from the pharmacy and the resident did not receive the scheduled dose of Paul on September 15, 2013, at 3:00 p.m., in the conference room confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Paul on September 15, 2013, and confirmed the resident did not receive the scheduled and scheduled and scheduled and scheduled and scheduled and scheduled and scheduled and scheduled and scheduled and scheduled and scheduled	AND PL	MENT OF DEFICIENCIES	HALL PROBERED MALES		_	PRINT	FD: 1200
A SUADNO A SUADNO A SUADNO A SUADNO S. MARK SUPPLER LAUREL BROOK SANTARIUM STREET ADDRESS, CITY, STATE, ZIP CODE ***********************************		· TELESCHON	DENTIFICATION NUMBER	(PC2) N	SULTIPLE CONSTRUCTION		
LAURELBROOK SANTARUM SIMMARY STATEMENT OF DEFINENCES FAZE Continued From page 48 Conference Room confirmed the Paxil was not available from the pharmacy and the resident did not receive the scheduled dose of Paxil on September 15, 2013, at 3:00 p.m., in the conference room confirmed the Paxil on September 15, 2013, at 3:00 p.m., in the conference room confirmed the facility must employ or obtain the services of a ficensed pharmaceutical services for received drugs is maintained and periodically recorded drugs is maintained and periodically recorded drugs is maintained and periodically recorded drugs is maintained and periodically recorded records and include the mental of the periodical processory and cautiforary instructions, and the expiration date when appropriates, and indused the when appropriates, and indused the proper temperature controlled drugs is maintained and periodically in accordance with currently accepted professional principles, and indused the when appropriates, and the expiration date when appropriate accessory and cautiforary instructions, and the expiration date when appropriate and provide separately locked, The facility must etrore all drugs and biologicals in locked compartments under proper temperature controlled and periodical controlled an	·		1	A BU	LOING	1 <i>0</i> (3) <u>0</u>	ATE SHOW
AURREL BROOK SANITARIUM SIMMARY STATE APP CODE 14/20/2013 14/20	NAME (OF PROVIDER OR SUPPLIER	44E200	B. WIN	6	1 °	DIMPLETED
DAYION, 19 SIMMARY STATEMENT OF DESCRIPCES PRIEFY (SAME PROPERTY MIST SEPREMENT OF DESCRIPCION SERVICE) FRIEFY (SAME PROPERTY MIST SEPREMENT OF DESCRIPCION SERVICE) FROM CONTINUED FROM PRIEFY OR LESS DESCRIPCION SERVICES DESCRIPCION SERVI					STREET ADDRESS OFFI	4	1/20ma
F 425 Continued From page 48 Conference Room confirmed the Paxil was not available from the pharmacy and the resident did not receive the scheduled dose of Paxil on September 15, 2013, at 300 p.m., in the conference room confirmed the resident did not receive the scheduled dose of Paxil on September 15, 2013, at 300 p.m., in the conference room confirmed the facility had failed to provide pharmaceutical services for resident #36. 49. Beginning 12/30/13 the DON will report the outcomes of monitoring for timely delivery of medications at the QAPI Committee on the QAPI Committee on the quarterly Governing Body meeting. F 425 The facility must employ or obtain the services for a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs is similatined and perilodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate principles, and include the appropriate processing and the expiration date when appropriate cacessory and cautifornary instructions, and the expiration date when appropriate school and part of the proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must store all drugs and biologicals in locked compariments under proper temperature controls, and permit only authorized personnel to have access to the keys.				***		CODE	<u>112012013</u>
F 425 Continued From page 48 Conference Room confirmed the Pavil was not available from the pharmacy and the resident did not reserve the scheduled dose of Pavil on September 15, 2013, at 3:00 p.m., in the conference room confirmed the resident did not reserve the scheduled dose of Pavil on September 15, 2013, at 3:00 p.m., in the conference room confirmed the resident did not reserve the scheduled dose of Pavil on September 15, 2013, and confirmed the resident did not receive the scheduled dose of Pavil on September 16, 2013, and confirmed the facility had failed to provide pharmacautical services for resident #36. The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receive and disposition of all controlled drugs in sufficient detail to enselve an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodicelly reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when appropriate accessory and cautionary instructions, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	PREFIX	(DAME STATE	EMENT OF DEFICIENCIES		DAYTON, TN 37321	 .	
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AND PLA	N OF CORRECTION		- Contract			ED: 12/05/ RM APPRO
		IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION	- 41×10 L	<u> 0938</u>
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	F PROVIDER OR SUPPLIER	TALEBU	B. WING		- 1	CINCLES ED
LAURE	ilbrook sanitarium	•		STREET ADDRESS, CITY, STATE, ZIP CODE	_ 4	1/20/2013
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- 1	Control Act of 4070	wuse Prevention and		Nursing &/or Nursing Supervise will monitor for two	tor of	?
- 1	Abusa aventing	ouner orugs subject to]	will monitor for two weeks the	or	
- 1:	Dackage date distant	- John A nage Single Title	Ì		,	
l li	quantity stored is minin be readily detected,	on systems in which the ral and a missing dose can	ĺ	with Medication protocols included Disposal and Storage of	dino	
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!_	hie PEALUREAUS	i	1	3) The Pharmacy Consultant and Director of Numi	.	l
6	This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain insulin in a looked at the facility		}	Director of Nursing will random!	_ [1
16			- 1	monitor for compliance of the	y	[
78 21	wed to maintain insulin	In a locked storage area	ļ	medication protocols for Disposal Storage of Medication for Disposal	læ.	
m	anner.	In a locked storage area outdated insulin in a safe		Journal for 3 mont	he l	
í		- 1	1 4	P) Beginning 10/00/	1	.]
	e findings included:			eport the outcomes of monitoring	ALL I	- 1
Ob	servation on Novembo	1 18, 2013, at 3:53 p.m.,	1	compliance of medication protocol Disposal & Storage of medication	- 1	
int	he dining room revealerse (LPN) #2 placed an	d Licenson Personal	į ti	e OAPI Committee Of medications	at :	
i boti	Be of Humpley January	wisum synnge and a	A	dministrator will	te !	1
! the	medication and and	menound full, on lon of	∫ OI	itcomes at the great monitoring	ıg	-
and	entered the medication	neo me dining room	B	ody meeting.	g	
Inter	Diew with I take up	_	1		1	- 1
3:55	rview with LPN #2 on N p.m., in the dining roo falled to lock the insuli	lovember 18, 2013, at				
! had:	falled to look the	in communed the FBN	1		1	- 1
dinin	ication cart and resider g room.	its were present in the	-		1	ĺ
1		İ	j			
Obse	evalion on November	18, 2013, at 4:00	İ		1	1
bottle	dining room revealed of outdated insuling	LPN #2 disposed of a			[l
on the	P Medicalla and	410 Sharps container	.		j	ĺ
LPN I	and dispersed at the	view confirmed the			ļ	- 1
	sharps container on the Previous Versions Obsoleto	e medication cart	j		1	
o/(#2500)	Provious Versions Observed	Event ID: 11CV1	1		1	ì

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FFCTION ASS.	Proper disposal. TROL, PREVENT	j		1 1
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ites, controls, ar	id orevents income	. 1 ~	Punyaucii ny the Dienal as	!
<i>(</i> i	- L. G. BILLS INTECTIONS			
what procedure	S, such as isolation			
opiled to an indiv	idual residenti			
a record of inci	Idents and comedition			
so to infections,		/ in	njections with use of gloves	· Ma
		- 1		. 1
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	ary and comforts vent the develop and infection. Control Programust establish a must establish a nder which it – ates, controls, as what procedure	ary and comfortable environment and event the development and transmission and infection. The Control Program must establish an Infection Control eder which it aleas, controls, and prevents infections what procedures, such as isolation, opiled to an individual resident; and se a record of incidents and corrective ed to infections.	ary and comfortable environment and vent the development and transmission and infection. The Control Program must establish an Infection Control and which it— ates, controls, and prevents infections What procedures, such as isolation, policed to an individual resident; and	ary and comfortable environment and vent the development and transmission and infection. Residents # 18, # 7 & # 57 Residents # 18, # 7 & # 57 I) On 12/3/13 LPN # 2 was educated by the Director of 1 on Infection Control practice on Infection Control practice Disposal of sharps, proper class a record of incidents and corrective addininistration of Subcutaneous injections with use of gloves.

STATE	MINE OF A	AND HUMAN SERVICES & MEDICAID SERVICES	-	552125642 >>		P 53/6
AND P	LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(22) 54111			ED: 12/0 RM APPR
		HONOR NUMBER:	A. BULD	TIPLE CONSTRUCTION	3/10/	<u>10.</u> 0938
NAME	OF PROVIDER OR SUPPLIER	44E200			(X3) C	PATE SURV
LAUR	RELBROOK SANITARIUM		B. WING		ī	
			- 1	STREET ADDRESS, CITY, STATE, ZIP C	1º	1/20/201
(X4) (L PREF)	SUMMARY STAT	EMENT OF DEFICIENCIES		DAYTON, TN 37324		···
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES VIUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX			
-		The order (ON)	TAG	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	RECTION SHOULD BE	COMPLET
F 44	1 Continued From page	40		DEFICIENCY)	PPROPRIATE	COMPLET
	1		F 441	0-10/0/		
	(b) Preventing Spread	of Infection	, 771		cted an in	
	determines the	Control Program]	service for all staff (RNs, LI CNAs) on Infection Control	PNs. and	
	determines that a residence of the prevent the spread of	dent needs isolation to infection, the facility must	;	CNAs) on Infection Control Medication Administration	during	
	Solale the contra-	"" TO THE MAN TO THE	; ;	nursing staff not	Al]	
}	IZIIDA FANNA		! !	in-service more attending th	e above	
	TOM DIFFER SAAF-ALL IN	T. WHOCKED SKIR JACKAR	1	Conducted bases and in-	Service	
- 1	Olffich Content	TOURS OF THAT TAKE IN	}	Supervisor before reporting to	rsing	
	IJI I FA MANIA	"" "" UISBARR	- 1	The DONE or	work.	
11	nang washiem ie 🚐	uire staff to wash their resident contact for which	J.,	The DON &/or Nursing Superobserved LPN # 2 administration	rvisor	
- ii	hand washing is indicate professional practice.	d by accepted	1.1	beginning 11/21	ng druge !	
- 1	Promise.	1	- (DSUITE that I DAT #2 11/29/1	3 to	ļ
	c) Linens	}	l s	harns in come was dispos	Sing of '	
tr	Personnel must handle, a cansport linens so as to	store, process and] 2	lucometer con the dutier, use	ed the	- 1
∫ in	ransport linens so as to prection,	prevent the spread of	l A	vore gloves when and policy	and	}
i i			111	njections.	g	- 1
	•		2)	Beginning 12/1/-	1	- 1
Th	nis REQUIREMENT is n	Of met so suits.	N	Beginning 12/1/13 the Directoring &/or Nursing Supervise onitor for two weeks Mail	tor of	- 1
	2505 An estate 4 -	,	· Ima	onitor for the	or will	1
anı	ased on review of facility d interview, the facility fa	policy, observation	i Ac	Iministration Total Medicati	on j	- 1
[(4)	IUO DIAMISSA di	CHOW INTENIOR	Ca	of the Medication and the Medication of the Medi	on	- 1
IVIE	THE CHANGE SHARE IN T		pro	otocols including Disposal and	ation	- 1
for	8, #17, #57), standard u sharps disposal and for	Riversal precautions	i	o 1720010210011S.	í	- 1
land	faller to follow the	PALLINGER MICE DIDUCT	∫ 3) I	Beginning 12/15/15		1
the	failed to follow infection funch meal in the main of	control policy during	Nu	Beginning 12/15/13 the Directorsing, Nursing Supervisor &/c	or of	1
1		erið tebtu"	Pha	rmacy Consult Super VISOr &/	or i	- 1
•	findings included:	i	a m	onthly basis each licensed nurs	ron	1
Revi	ew of facility policy Medi lie Disposal, no date re-	innella	}	wensed him	ie	1
Need	lie Disposal, no date revuseneedles are place	vealing-Syringe and	1		ļ	- 1
restor	useneedles are place antcontainers"	in puncture	1		1	- 1
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STATELE	AT OF BETTER	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	•	3652125642 >>	PRINT	P 54/6 ED: 12/05
AND PLAN	OF CORRECTION .	(X1) PROVIDER/SUPPLIER/CLIA DENTERCATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB N	IO. 0938.
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		0	OMPLETED
			1		- 1	
	BROOK SANITARIUM		- 1	STREET ADDRESS, CITY, STATE, ZIP CO		1/20/201:
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			TAG	(EACH CORRECTIVE ACTION ST CROSS-REFERENCED TO THE AB	COULD RE	COMPLET
F 441	Carllana			CROSS-REFERENCED TO THE APPLICATION OF DEFICIENCY)	PROPRIATE	DATE
, 44,	Continued From page	50	1			i
			F 441	during madisasi		
i i	Observation on Nover	nber 18, 2013, at 3:23 p.m.,	1	during medication administra	tion to	į
	in resident #18's room	revealed Licensed	1	ensure sharps are disposed co	rrectly.	Í
	(Nem) assessment increases.	revealed Licensed #2 entered the resident's	1			
l a	CCucheck machines	containers containing	1			
I th	Osident #7 446	" authores labeled with	1	resident & use of gloves when	1	
10	bservation remaind	Z' s name. Continued	! .	administering injections.	i	
ه ا	Ontainers on socident	me placed the	1		į	
Pi	aper towel undernease	#18's bedside table with a the black cloth containers	1 1	4) Beginning 12/30/13 the DO report the outcomes and a	Nuoiti	
C	ontaining the machine	wie black cloth containers	ļ	report the outcomes of Medica	tion	
		1	į			
O	bservation on Novemi	per 18, 2013, at 3:24 p.m.,	i	meetings. The Administrator v	illee	
in in	resident #18's room, i	evealed I Par 40				
pe	formed an accuched the transfer of the transfe	and disposed as the	ļ	quarterly Governing Body meet	ine	
i lai	icer (needle) in the tra	sh can in the resident's	ļ	Body Mee	ing,	
i		1	!		Í	
Ю	Servation on Novemb	er 18, 2013, at 3:27 p.m.,	},	CNA. v a	ì	
in n	esident #7 and #57's i	718, 2013, at 3:27 p.m.	I `	CNAs Infection Control Pract	ice	ľ
l enti	BIAN IND FROM 1.Jul	HALL I CAROLES FIN \$5	1 :	I) On 11/20/20		- 1
con	tainers, Continued of	three black cloth servation revealed LPN		l) On 11/20/13 CNA # 1 was re-	. [j
#2 t	placed the containers	servation revealed LPN on resident #7's bedside				ł
table	e using the same pape	on resident #7's bedside or towel used in resident	} .	on Infection Control practices will erving meal traveri	Ten	- 1
#16	s room.	in resident	, ,	erving meal trays i.e. washing hetween residents	ando	- 1
Oho	Amenda	1	} •	etween residents.	i Guran	- 1
in ro	eivation on Novemba	18, 2013, at 3:28 p.m.,	1		ļ	- 1
20 20	endictory and in teks	18, 2013, at 3:28 p.m., aled LPN #2 performed	"	n 12/3/13 the DON/Nursing	j	1
trach	ccucheck and dispose can in the residente	d of the lancet in the	, -,	SPOLVISOF COMMINS. 1	e for	- 1
- 1	and spending	oom.	i ai	l staff (RNs, LPNs, and CNAs)	~ 10Σ ;	- 1
Obse	Valion on Mayama	40.000				1
reves	rvation on November iled LPN #2 placed all	18, 2013, at 3:30 p.m.			.	
accua	heck machines on "	nues or the				ſ
table	stacked on top of each	sident #57's bedside				1
paper	towel used on reside	other with the same	DC	ON or Nursing Supervisor before	he	j
#7's b	edside table.	" " O BITO resident		porting to work.	>	1
J	•	į	j			- 1
Obser	vation on November (Provious Versiens Obsciete	8, 2013, at 9/24	1		- 1	- 1
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CEN	TERS FOR MEDICAR	DC0547PM13501 THE AND HUMAN SERVICES E & MEDICAID SERVICES	00	552125642 >>	l	P 55/67
ANDPLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA			PRIN	TED: 12/0
	- THE TON	IDENTIFICATION NUMBER:	(X2) MU	TPLE CONSTRUCTION		
_		1	A BUILD	ING		<u> 10. 0938.</u>
NAMEO	F PROVIDER OR SUPPLIER	445200			(503)	DATE SURVE
i Attor	T DOG		B, WING			Aug re 150
	LEROOK SANITARIUM	•	I	STREET ADDRESS, CITY, STATE, ZIP (4	1/2nm
(X4) ID PREFIX	SUBMERTON		- 1	114 CAMPUS DRIVE	ODE	1/20/201
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	NEGRATORY OR LS	MUST BE PRECEDED BY FULL C EDENTIFYING INFORMATION	PREFIX			
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F 441	Continued From page			(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPLETO DATE
						1
l	in resident #57's room performed an accueb	revealed LPN #2	F 441	(2) The DON 2/		
- 1	lancet in the trash can	n revealed LPN #2 sok and disposed of the in the resident's room.]	2) The DON &/or Nursing S observed CNA # 1 and all on	Supervisor	1
r	· - -	A IC 102106016	}	staff during mont	Irsing	1
- / /	in the digina an Noven	nber 18, 2013, at 3:35 p.m.,	}	following days 11 for a	e	[
1	livee plack continue	nber 18, 2013, at 3:35 p.m., paled LPN #2 placed the in the bottom drawer of the		ensure that CNA # 1 and other staff were washing hard	1/27/13 to	
, In	nedication cart.	in the bottom drawer of the	-	staff were washing !	er nursing	
			- 1	meal tray served.	er each	
1 5	TETVIEW WITH LIPN #2 c	n November 18, 2013, at			- 1	
			1;	3) Beginning 12/15/13 the Dir Nursing &/or Nursing Samuel	rootes o	
			1:	Nursing &/or Nursing Supervi monitor for one month hard	iconnell]
1 1 1 2 2	SMORPS ***	']]	monitor for one month hand whiring meals for each	ashina	i
			1,	luring meals for each meal tin	asiming	- 1
thi	A time as clean barrier	Continued Indo	14	Beginning to an	- 1	- 1
lan	s time confirmed the Licets in the residents o	PN placed the dirty	n	Beginning 12/30/13 the DO	N will	- 1
1 4 22 28		**************************************	l o	f hand washing	litorine i	- 1
			i tb	le OAPI Come during meal ti	mes at	- 1
			A	dministrator will report monit	The	- 1
I Obs	ANDRAL	1	ου	tcomes at the quarterly Gover	Oring	- 1
in re	sident #18's room, rev inistered insulin to see	18, 2013, at 4:00 p.m.,	Bo	ody meeting.	ning '	- 1
	DUSIEDUR METICAL	iden! #10	1			- 1
,			ĺ			1
Inten	/iew with I DAI 445		İ		,	- 1
4:03	view with LPN #2 on N p.m., in the dining rooi alled to wear gloves w	ovember 18, 2013, at	- 1		;	1
444CI 12	EUPO IN temperature	n confirmed the LPN	1		1	1
, "ISUIII	to resident #8.	administering	!		i	1
Intervi	lew with the number of	_	1		1	1
Noven	ew with the Director on the 19, 2013, at 7:35 Tence Room room	Nursing (DON) on	1		ļ	
і Соптеі	BOAG BALL	Server to the			i	Ĭ
WOIT! W	while administering injective confirmed the facility	silone Con "			ļ	- 1
menve	IN CONTRACT AL . 3 " "	y had falled to see				- 1
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7(02-201 0	revious Versions Obspicio		1		1	- 1
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8	CEM	TERS FOR MEDICAR	DCU34/PM13501 AND HUMAN SERVICES & MEDICAID SERVICES			552125642 >>	P	56/67
Ā	NO PLA	ENT OF DEFICIENCIES N OF CORRECTION	TICLI PROTURNING ALMAN.				PRINTE	D: 12/05/2
1			IDENTIFICATION NUMBER:	6	(2) ANUT	TIPLE CONSTRUCTION		M APPROV 0. 0938-03
L				IA.	BUILD	ING	(X3) D4	TE SURVEY
N	MME O	F PROVIDER OR SUPPLIER	44E200		WING.		CO	MPLETED
					AN BAG		- 1	
L٦	VUKE	LBROOK SANITARIUM			- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	17,	<u>/20/2</u> 013
Γ	(X4) (D REFIX	STREETANN ON			- 1			
P	REFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INC.			DAYTON, TN 37821		
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F	441	Continued From page			_	CROSS-REFERENCED TO THE APPRI DEFICIENCY	OPRIATE	COMPLETION DATE
		Observation and	52	1	_			
	ļ	November 12 2040	Bin dining room lunch on	1	F 441	1		
	-	a.m. revociosis a	[27] 17 [24 名] [D] LIDH 11:50	1		1	1	
		COURT MA MARKAL	WINDS ASSESSMENT	1		İ]	
	- 1	Michigania In the	CON CLOCK CO (NO SANGERIA	!		1	1	
]]	to make contact with h	lining room and proceeded wo other residents and their ithour weekles	1	į		}	
		- - ·	we we want !	ì	ľ		1	
		JOSANIONA AGASTA			- 1		1	
	11	1:25 8.Th., revealed it	on November 18, 2013, at		J		ļ	j
	: 13	MV ITOM NA -II-1-	- · · · · · · · · · · · · · · · · · · ·		- {		1	i
		iain dining	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	_	- {		l	- 1
	(a)	nimal, proceeded to m	ned the resident's stuffed ake contact with resident	_	- 1		,	- 1
	fo	er, and delivered a sec	ake contact with resident cond tray to resident #7,				- !	- 1
	1 7 612	SIMONIO CARALLE	THE WHOSE A LL		- }		į	- 1
	: CI16	BIRITY COST IN ACCUSE	w 20 030K IV W*		ł			- 1
	Wit	hout washing the hark	to take another tray,		- [{	
	- 1	4	***·		-		Í	- 1
	ann	view of facility policy ", propriate hand hydene	Hand Hydlens		- [į,	- 1
	i und	er the fallers - " South	INIUST DE DEMONSOR		1		i	1
	COD	lact with a manual	Wishing) Siter professor		- 1		ļ	- 1
	I WINT	K K! 11778888 8 8 4			j		1	- 1
	resid	dent's blood, excretion	annaminated with a		1	·		- 1
	lasa-	ndam in an	SECTEDONS,		1		i	1
	11:3	view with CNA#1 in th 2 a.m., confirmed the i	ie mein dining		1		Ţ	- 1
ļ	wash	led between	AT INTO MICHE US!		1		!	- 1
-	conta	icts during the distant	nands were not and personal belonging		1		- 1	- 1
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⊅ 9 [483.7	'0/h\'/d\	FEGOTIVE DES-		ł		İ	
=E '	CONT	TROL PROGRAM	TECTIVE PEST	F 469	TR 1	60 400 700	İ	1
,						69 483.70(h)(4) MAINTAINS	12/25	1/3
10	comire Comire	acility must maintain an	effective pest	į		FECTIVE PEST CONTROL OGRAM	1 [6163	"
i	and ro	Program so that the idents.	acilly is free of pests	}	- 477	VORAIVI	ţ	- 1
1			- thanks	- 1			1	-
			\int	- 1			1	- [
	02-001	revious Versions Obselete					ł	- 1
2307 <u>(</u>	,,-	AND TOTAL CHARLES	Event 10:11CV11					

NAME OF	OF CORRECTION PROVIDER OR SUPPLIER	DC0547PM13501 TAND HUMAN SERVICES E& MEDICAID SERVICES (XT) PROVIDERSUPPLIER/CLU (DENTIFICATION NUMBER:	(X2) MULT A. BUILDII B. WING		OMB I	P 57/6 ED: 12/05/ RM APPRO VO. 0938-0 VATE SURVEY COMPLETED
(X4) ID PREFIX TAG	BROOK SANITARIUM SUMMARY STATI (EACH DEFICIENCY IN REGULATORY OR LSC	EMENT OF DEFICIENCIES LUST SE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREFIX	STREET ADDRESS, CITY, STATE, ZIP COC 114 CAMPUS DRIVE DAYTON, TN 37321 PROVIDERS PLAN OF CORRECTIVE ACTION SHE		1/20/2013
The Design of the Confirme Con	Continued From page This REQUIREMENT y: lased on observation, g, review of facility po- cility falled to maintain t of twenty-seven resk e findings included: servation on November, in resident #35's roc left hand corner of the	is not met as evidenced review of a facility pest icy, and interview, the a facility free of pests in lent rooms. If 18, 2013, at 10:55 im revealed a mouse in room. Continued se droppings on the other than the dresser, and in the of Nursing (DON) on the dresser, and in the dresser, and the dresser, and the dresser, and the dresser, and the dresser, and the dresser, and the dresser, and the dresser, and the dresser and dresser.	In meting superdaily a Housel	leach corrective action sale cross-reference 11/18/13 the housekeeping Supervisor began cleaning the following rooms of the following roo	n closet, closet, closet, com # in the lace a lace	COMPLETION DATE

CENT	ERS FOR MEDICAR	DC0547PM13501 HAND HUMAN SERVICES E & MEDICAID SERVICES	00	552125642 >>	₽	58/67
AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION				PRINT	ED: 120E
1	- Trace HOW	IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION		
1			A. BUILD	ING_	200 10	<u>U. 0</u> 938.0
NAME OF	PROVIDER OR SUPPLIER	44E200	i		(ATE SURVEY DMPLETED
			B. WING		i	
PAUKE	LBROOK SANITARIUM		-1	STREET ADDRESS, CITY, STATE, ZIP	11	/20/2013
(X4) ID PREFIX	SIMULARY		7	114 CAMPUS DRIVE	CODE	/EU/2013
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL O IDENTIFYING NEW YORK		DAYTON, TN 37321		
	MESOCATOR OR LS	MUST BE PRECEDED BY FULL C (DENTIFYING INPORMATION)	PREFIX			
1			TAG	CROSS-REFERENCE ACTION	RECTION SHOULD BE	(305)
F 469	Continued From page	9.54		PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE P DEFICIENCY)	APPROPRIATE	COMPLETION DATE
	TIME PROPERTY		F 469			
į.	caught a mouse in an	upervisor placed a trap and proximately four hours.	F 465	j.	1	
				4) Beginning 12/30/13 the	į	
1	house dropping	onfirmed the supervisor had ident rooms for mouse or		! ***UNGKEENING Comount	vill ron-	
j j		TOTAL PROPERTY OF THE PROPERTY				j
i (C	Insporation on the		}			-
₹ 6	evealed a mouse on a	nber 18, 2013, at 2:15 p.m.	}	at the QAPI Committee med	tings	j
			}			- 1
	•		j		quarterly	- 1
101	isemailes L	:	ì	Governing Body meeting.	1	- 1
No	vember 18, 2013, in	ew with resident #23, on the resident's room at	- 1	_	į	1
1 2.4	M/OM PANALL S.	" " " " " " " " " " " " " " " " " " "	1			
I res	MIGHT BOX I - I'm T''	* THE VIEW LAND IL	- 1		:	- 1
000	ident revealed "had asionally running aro	seen a mouse	l		!	- 1
- 1		and the mon "			i	- 1
Nov	embos to and interview	With resident #25. on	- 1		i	- 1
LIESIO	140770 =(4.4	Millio IMUQQIAJ (1.)	1		1	1
1 31 416417	UMBAA LAJAL AY	THE STREET HISTORY BEAUTIFUL TO THE STREET	- 1		į	- 1
			į		ł	1
and v	was frightened by the	fodents "	- 1		Ĭ	- 1
Obse	Mation and a	í	1		!	l
Super	visor in the	With the Housekeeping	!		- 1 .	1
IIOSKIH	NY ITJK AA MI	TOTAL CITY WAS A SINK	[1	1
p.m., c	Confirmed the militia	10, 2013, at 3:30	1	•	i	- 1
) presen	nt in the two rooms,	ALAIN B2 MBLG	[}	- 1
Revieu	u of - factile	!	- 1		l	1
noted in	v of a facility pest log on resident rooms on 0 2013, and November	revealed mice were	!		ļ	- 1
30, 31,	2013, and November	Ciober 9, 21, 25, 29	1		,	1
1		T TV 10.	i		į	- 1
2013 at	w with the exterminat t 10:23 a.m., at the N	or on Novembosso	- 1		 	- 1
/ COnturns	DM 16	44962 SBINA	-		;	- [
placed e	Xierior stations	visited monthly and	1		<u>;</u>	1
	- and and s	rations in the	}		;	1
67(02-99) Pre	Would Versions of					
67(02-99) Pre	svious Varsions Obsolote	Event ID: 1101/14	Feelity ID: TN?		ļ	1

STATEM	ERS FOR MEDICARE	00547PM13501 SERVICES MEDICAID SERVICES	86	552125642 >>	P	59/67
L	- STATECTION	DENTIFICATION NUMBER:	(X2) MUI A BUILO	LTIPLE CONSTRUCTION	OMB N	ED: 12/05/20 RM APPROVI IO. 0938-03:
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING		C	ATE SURVEY
LAURE	LBROOK SANITARIUM				1.	
(X4) (D PREFIX	614		- 1	STREET ADDRESS, CITY, STATE, ZIP COD	E 1	1/20/2013
PREPIX TAG	(EACH DEFICIENCY MUST	ENT OF DEFICIENCIES OF BE PRECEDED BY FULL ENTIFYING INFO		DATION, TN 37327		
	TO THE PROPERTY OF LINE	T BE PRECEDED BY FULL ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE	77.00.	
F 469	-		AG	THE PROPERTY OF A STATE OF THE PARTY OF THE	OUTO BE	COMPLETION
,	Continued From page 5	5			CONSIGNE	DATE
- 1	basement with balt for the usually gone by the next states mouse droppings	e mice. The balt is	F 468			
	states mouse droppings	Visit. The exterminator			- 1	- 1
- 1	_	Sweet BABIA AIRIF			ĺ	{
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587(02-99) Pri	ovious Versions Obsolote				Ţ	1
		Event ID: 11CV11	Facility ID: TN?	7204	1	1
				If continuation shee		J